

**FLORES DANIEL**

FILE TITLE/NUMBER/VOLUME:

FLORIS, DANIEL  
OP FILE

**INCLUSIVE DATES:**

**CUSTODIAL UNIT/LOCATION:**

ROOM:

DELETIONS, IF ANY:

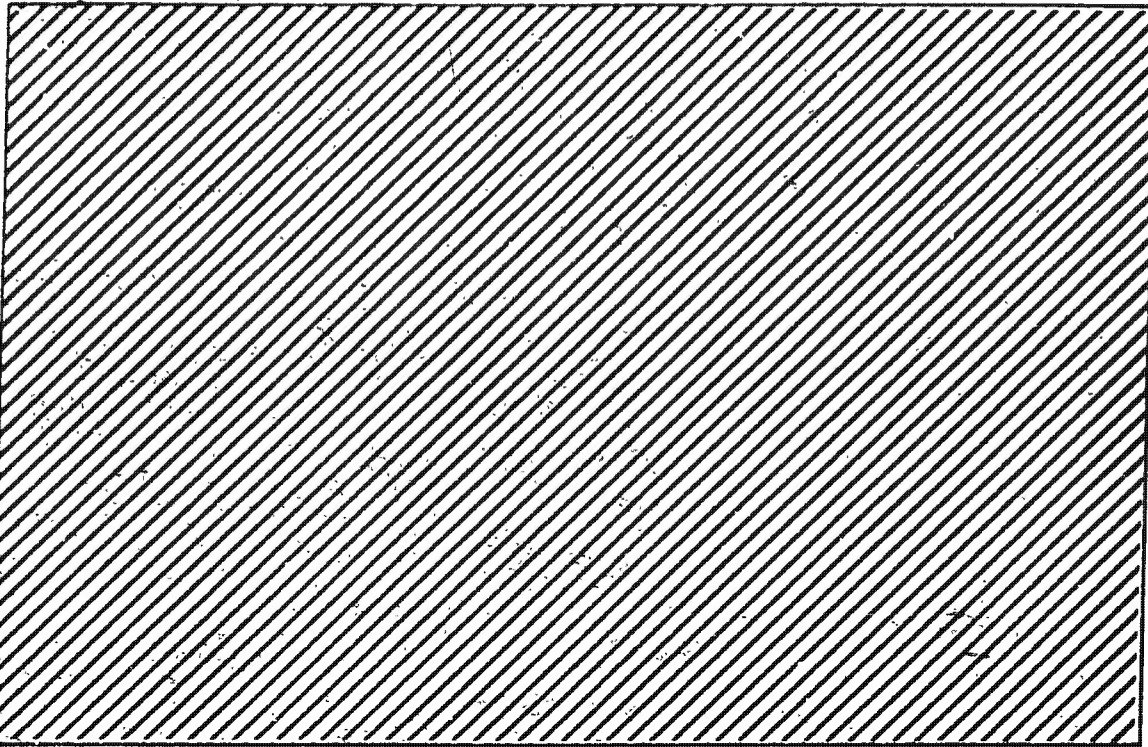
MATERIAL AFTER 1967

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NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

FLURES DAVIEA

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle) FLORES, Daniel	NAME AND RELATIONSHIP OF DEPENDENT* self	CLAIM NUMBER 79 0606
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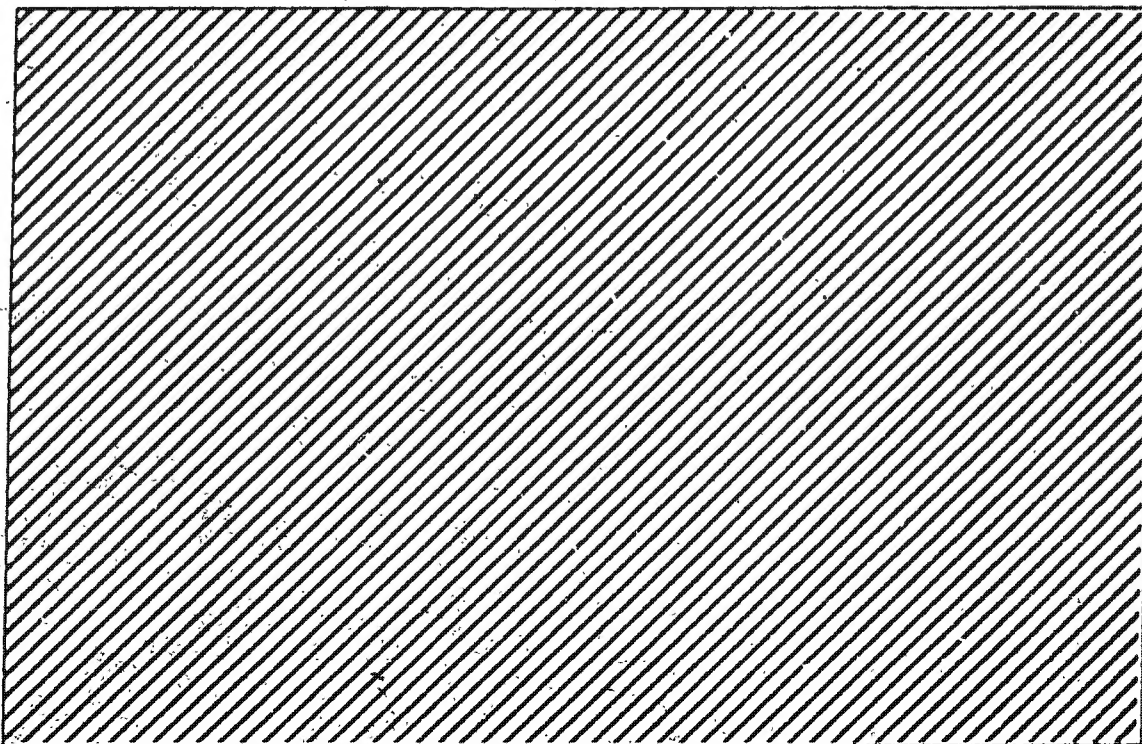
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 1/4/79.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 7 Jun 1979	SIGNATURE OF BNC REPRESENTATIVE <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

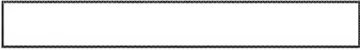
ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
FLORES, Daniel	Self	78-0668

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 4/12/78.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
6/6/78	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE



SECRET  
(If box filled in)

81 JAN 1978

<p><b>REQUEST FOR PERSONNEL ACTION</b></p>				<p>DATE PREPARED 27 January 1978</p>	
<p>1 SERIAL NUMBER 036130</p>		<p>2 NAME (Last-First-Middle) Flores, Daniel</p>			
<p>3 NATURE OF PERSONNEL ACTION Reassignment</p>			<p>4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 11 78</p>		<p>5 CATEGORY OF EMPLOYMENT Regular</p>
<p>6 FUNDS V TO V CF TO V</p>			<p>7 PAY AND NSCA 8035 0990 0000</p>		<p>8 LEGAL AUTHORITY (Completed by Office of Personnel)</p>
<p>9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Foreign Field Station</p>			<p>10 LOCATION OF OFFICIAL STATION</p>		
<p>11 POSITION TITLE Operations Officer</p>			<p>12 POSITION NUMBER GK76</p>	<p>13 CAREER SERVICE DESIGNATION DOG</p>	
<p>14 CLASSIFICATION SCHEDULE (GS, LB, IN.) GS</p>		<p>15 OCCUPATIONAL SERIES 0136.01</p>	<p>16 GRADE AND STEP 13 2</p>	<p>17 SALARY OR RATE 26887</p>	
<p>18 REMARKS Reassigned from position FS35 CMS/MSB <i>This action reflects WGI- 1/29/78</i></p>					
<p>18A SIGNATURE OF REQUESTING OFFICIAL J. Halpin / CLAT/PERS</p>			<p>DATE SIGNED 1/27/78</p>	<p>18B SIGNATURE OF C CMS LT</p>	
<p>DATE SIGNED 1/29/78</p>					
<p>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p>					
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51620 LA	22 STATION CODE 45075	23 INTEGREE CODE 3	24 HOD/PS CODE
25 DATE OF BIRTH MO. DA. YR.	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LET MO. DA. YR.	<p>28 SECURITY REQ. NO</p>		
28 WTE EXPIRY MO. DA. YR.	29 SPECIAL REFERENCE 1-YES 2-NO	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	<p>32 CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.</p>	
33 VET PREFERENCE CODE	34 SERV COMP DATE MO. DA. YR.	35 LONG COMP DATE MO. DA. YR.	36 CAREER CATEGORY CODE	<p>37 HEALTH INSURANCE CODE</p>	
<p>38 PERIODS (FEDERAL GOVERNMENT SERVICE) CODE</p>		39 LEAVE CAT CODE	<p>40 FEDERAL TAX DATA FORM EXEMPTED CODE</p>		41 STATE TAX DATA CODE
<p>42 POSITION CONTROL CERTIFICATION 1-27-78 AEB</p>			<p>43 OF APPROVAL 1-31-78</p>		

FORM 1152 USE PREVIOUS EDITION

SECRET

82. IMPDET CL. BY. 007622

☒ SECRET ☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

UP

FILED

# REQUEST FOR PCS OVERSEAS EVALUATION

1 NAME (Last, First, Middle) <b>Flores, Daniel</b>		2 REQUEST DATE (MM/DD/YY) <b>12 Sept 77</b>		3 APPLICANT HAS APPLICANT SEEN BY OMS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ONLY BEEN	
4 GRADE <b>13</b>		5 APPLICATION CD <b>ALL</b>		6 DIRECTORATE/OFFICE DIVISION <b>DDO/LA</b>	
7 SOCIAL SECURITY NO. <b>5270</b>		8 POSITION TITLE <b>Ops Officer</b>		9 SEX <b>M</b>	
10 COMPLETE 13-19 FOR EACH DEPENDENT TO ACCOMPANY OR RETURN WITH EMPLOYEE ONLY IF 21 IS CHECKED "DEPENDENT(S)"					
11 DEPENDENT NAME (Last, First, Middle)		12 SOC SEC NO.		13 DOB (MM/DD/YY)	
20 REQUESTED ACTION (more than one action is acceptable)					
APPLICANT		PRE EMPLOYMENT		EOD	
ASSIGNMENTS		O/S PCS		STATION	
		O/S TDY		STATION	
		O/S RETURNEE		FITNESS FOR DUTY	
		O/S TDY STANDBY		RETURN TO DUTY	
		O/S PLANNING		SPECIAL TRAINING	
SEPARATION		RETIREMENT		MDR/CSC	
ROUTINE		REGULAR ANNUAL		EXECUTIVE ANNUAL	
				MDR/CSC	
				MPT/PHE	
21 COMMENTS					
Assignment to [redacted] has been cancelled. Subject is now being considered for [redacted]					
22 REQUESTING DIRECTORATE/OFFICE DIV		23 ROOM/BLDG		24 EXTENSION	
DDO/LA/PLRS		315113 Hqs		5270	
25 SIGNATURE OF REQUESTING OFFICER					
26 OFFICE OF SECURITY DISPOSITION					
27 OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS					
JAMES MARS [redacted] 7 OCT 1977					
Chairman, Overseas Candidate Review Panel					

☐ UNCLASSIFIED

☐ INTERNAL USE ONLY

☐ CONFIDENTIAL

☐ SECRET

12 IMPROVED BY

FORM 2598 (Rev. 10-1-77) (When applicable)

8 - OMS/CAS  
(When applicable)

**SECRET**  
(When Filled In)

26 1977

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 21 March 1977	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL			
3. NATURE OF PERSONNEL ACTION REMOVAL FROM PARTICIPATION IN CIA RETIREMENT SYSTEM			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 10 77		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS <div style="display: flex; justify-content: space-around;"> <div>V TO V</div> <div>V TO CF</div> </div> <div style="display: flex; justify-content: space-around;"> <div>CF TO V</div> <div><input checked="" type="checkbox"/> CF TO CF</div> </div>			7. PAY AND NICA 7135-4534-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643, Sect. 203
9. ORGANIZATIONAL DESIGNATIONS DDO/LA			10. LOCATION OF OFFICIAL STATION WASH., D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION DQG
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) 45		15. OCCUPATIONAL SERIES		16. GRADE AND STEP 13	17. SALARY OR RATE \$
18. REMARKS  SUBJECT REMOVED FROM SYSTEM IN ACCORDANCE WITH HN 20-763.					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEREST CODE
24. DATE OF BIRTH MO DA YR	25. DATE OF GRADE MO DA YR	26. DATE OF LSI MO DA YR	27. DATE OF LSI MO DA YR		
28. SITE EXP. REFERENCE MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-YES 2-NO 3-YES 4-NO	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO
34. VET PREFERENCE CODE 1-NO 2-YES	35. SERV COMP DATE MO DA YR	36. LOOS COMP DATE MO DA YR	37. CAREER CATEGORY LAW RES PROV. TEMP	38. FEDERAL HEALTH INSURANCE CODE CODE 1-YES 2-NO	39. SOCIAL SECURITY NO
40. PERIODS CIVILIAN GOVERNMENT SERVICE CODE 1-NO 2-YES		41. LEAVE CAT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS		43. STATE TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS
44. POSITION CONTROL CERTIFICATION 3-24 77			45. O.P. APPROVAL		DATE APPROVED 2 Apr 77

FORM 1152 USE PREVIOUS EDITION

SECRET

FORM 1152 USE PREVIOUS EDITION

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				15 February 1977	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
036130		Flores, Daniel			
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT
Reassignment			MONTH DAY YEAR 02 26 77		Regular
6 FUNDS			7. FAN AND NSCA		8 LEGAL AUTHORITY (Completed by Office of Personnel)
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF			7135-4534 0000		
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDO/LA Division Cuba Operations Group EA Area			Washington, D. C.		
11 POSITION TITLE			12. POSITION NUMBER		13 CAREER SERVICE DESIGNATION
Operations Officer (13)			FS35		DQG
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)		15 OCCUPATIONAL SERIES		17 SALARY OR RATE	
GS		0136.01		13 1 \$24,308	
18. REMARKS					
Reassigned from DDO/LA Position CQ 66					
CMS/MSB <span style="border: 1px solid black; padding: 2px;">2-17-77</span>					
19A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19B SIGNATURE OF APPROVING OFFICIAL
J. Halpin CLAPERS			15Feb77		CMS/13
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRITY CODE	24 ROOTS CODE
37	10	NUMERIC ALPHABETIC 51500 LA	75013		
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LIT	28 DATE OF BIRTH	29 DATE OF GRADE	30 DATE OF LIT
31 SPECIAL REFERENCE	32 RETIREMENT DATA	33 SEPARATION DATA CODE	34 CORRECTION CANCELLATION DATA	35 SECURITY REQ. NO.	36 SEC.
37 VET PREFERENCE	38 SERV COMP DATE	39 LONG COMP DATE	40 CAREER CATEGORY	41 HEALTH INSURANCE	42 SOCIAL SECURITY NO.
43 PREVIOUS CIVILIAN GOVERNMENT SERVICE	44 LEAVE CAT CODE	45 FEDERAL TAX DATA	46 STATE TAX DATA	47 SOCIAL SECURITY NO.	48 SOCIAL SECURITY NO.
49 POSITION CONTROL CERTIFICATION			50 APPROVAL		
2-25-77			01 MAR 1977		

1152 USE PREVIOUS EDITION

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12. UPDATE CL BY 007AJ3

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>19 January 1977</b>	
1. SERIAL NUMBER <b>036130</b> ✓		2. NAME (Last-First-Middle) <b>Flores, Daniel</b> ✓			
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>01</b> DAY <b>30</b> YEAR <b>77</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>
6. FUNDS V TO V C TO V <b>XX</b> C TO C		7. PAN AND NSCA <b>7135 45340000</b>		8. LEGAL AUTHORITY (Complied by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/LA Division</b> ✓ <b>Cuba Operations Group</b> ✓ <b>WH Area</b> ✓			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>Operations Officer</b> ✓ <b>(13)</b>			12. POSITION NUMBER <b>CQ66</b>		13. CAREER SERVICE DESIGNATION <b>DQG</b> ✓
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b> ✓		16. GRADE AND STEP <b>13 1</b>	
17. SALARY OR RATE <b>\$24,508</b>					
18. REMARKS  <b>FROM: GS-12/4, \$22,485</b> <span style="float: right;"><i>for 12/4</i></span>					
18A. SIGNATURE OF REQUESTING OFFICER <i>John Malpin</i> <b>John Malpin</b> / <b>PER</b>		DATE SIGNED <b>19 Jan 77</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  <b>21 Jan 77</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>22</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODE <b>51500</b>	22. STATION CODE <b>LA</b>	23. RETIREMENT CODE <b>75013</b>	24. RESERVE CODE <b>1</b>
25. DATE OF BIRTH <b>11-15-77</b>	26. DATE OF GRADE <b>11-15-77</b>	27. DATE OF LHA <b>11-15-77</b>	28. DATA <b>100 DATA</b> →		
29. DATE OF ENTRY <b>11-15-77</b>	30. DATE OF DEPARTURE <b>11-15-77</b>	31. DATE OF GRADE <b>11-15-77</b>	32. DATE OF LHA <b>11-15-77</b>	33. DATE OF BIRTH <b>11-15-77</b>	34. DATE OF GRADE <b>11-15-77</b>
35. DATE OF ENTRY <b>11-15-77</b>	36. DATE OF DEPARTURE <b>11-15-77</b>	37. DATE OF GRADE <b>11-15-77</b>	38. DATE OF LHA <b>11-15-77</b>	39. DATE OF BIRTH <b>11-15-77</b>	40. DATE OF GRADE <b>11-15-77</b>
41. SIGNATURE OF REQUESTING OFFICER <i>John Malpin</i> <b>John Malpin</b> / <b>PER</b>					
42. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  <b>21 Jan 77</b>					

**SECRET**



**SECRET**  
(When Filled In)

19 NOV 1976

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 10 November 1976	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) Flores, Daniel					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH 12 DAY 04 YEAR 76		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		7. V TO V V TO C C TO V C TO C		8. PAN AND NSCA 7135-4534 0000		9. LEGAL AUTHORITY (Completed by Office of Personnel)	
10. ORGANIZATIONAL DESIGNATIONS DDO/LA Division Cuba Operations Group WH Area				11. LOCATION OF OFFICIAL STATION Washington, D. C.			
12. POSITION TITLE Operations Officer (12)				13. POSITION NUMBER CQ67		14. CAREER SERVICE DESIGNATION DQG	
15. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		16. OCCUPATIONAL SERIES 0136.01		17. GRADE AND STEP 12 8		18. SALARY OR RATE 55485 23/804	
19. REMARKS Reassigned from DDA/OTR Position BD 33 Concur: [redacted] 10 Nov 76 (telecord) OTR/PERS CMS/MSB [redacted] CAIS/MSB 11-16-76							
20. SIGNATURE OF REQUESTING OFFICIAL John F. Halpin C/LA/PERS				21. DATE SIGNED 10 Nov 76		22. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted]	
23. DATE SIGNED 11/15/76							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
24. ACTION CODE 37	25. EMPLOY CODE 10	26. OFFICE CODE 51500	27. STATION CODE LA	28. UTILITY CODE 75013	29. MONTH CODE	30. DATE OF BIRTH	31. DATE OF BIRTH
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**S E C R E T**  
**EYES ONLY**

20 OCT 1976

**MEMORANDUM FOR:** Chairman, GS-12 Evaluation Board

**FROM :** Raymond A. Warren  
Chief, Latin America Division

**SUBJECT :** Recommendation for Promotion to  
Grade GS-13, Daniel Flores

1. Mr. Daniel Flores was recently assigned to OTR as an operations instructor to capitalize on his fine operational record which he developed during his two field assignments in [ ] and in [ ] and his most recent operational assignment with LA/COG. His overall performance has clearly been characterized by exceptional proficiency and he has been rated by his most recent supervisor as "outstanding" for his handling of a sensitive [ ] case and his development and pursuit of [ ] operational leads. Mr. Flores has definite growth potential and clearly meets or exceeds the criteria for promotion to Grade GS-13, a promotion which is most strongly recommended.

2. During the past year Mr. Flores was responsible for handling a very sensitive, and [ ] asset. This asset is probably one of the "messiest and disorganized individuals" with whom a case officer in this Agency has had to contend. However, Mr. Flores clearly demonstrated his fine handling abilities in his manipulation and exploitation of this agent. As a result of his guidance and his ability to effectively debrief this person, Mr. Flores was able to make this asset one of our most productive [ ] sources. During the last year this source [ ] on subject matter which often commanded attention at the highest levels of our government.

3. Mr. Flores has shown a remarkable growth potential during the last year. He is determined, persistent, serious, and commendably aggressive. He is mature, self-assured, and his operational decisions are sound. His managerial skills are in keeping with his operational potential. He was often called

**S E C R E T**  
**EYES ONLY**

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EYES ONLY

upon in the last twelve months to act as Chief of his section, a GS-14 position. He demonstrated sound leadership qualities by stimulating interest and enthusiasm in his staff. His operational programs were aggressive and imaginative. Mr. Flores' supervisory talents combined with his excellent professional skills portend a continuing and successful career in this Agency.

4. While assigned to LA/COG, Mr. Flores was involved in the spotting, assessing, developing access to, and eventually pitching a [ ] who was the [ ] of [ ] in a Latin American country. The recruitment pitch was not successful but the details of this operation were handled in the most professional manner. Mr. Flores developed more leads to [ ] and [ ] of [ ] during this period than any other LA/COG operations officer. He has native fluency in Spanish and feels "at home" operating in the field. While in LA/COG Mr. Flores was called upon to do a considerable amount of TDY travel since he was on call to meet his [ ] asset anytime, any place whenever the agent [ ] of [ ]. In addition to these travels, Mr. Flores did a lot of traveling seeking out and debriefing potential access agents. During this last year he clearly demonstrated his ability to function independently and to assume responsibilities usually reserved for officers much more senior in grade and experience.

5. Mr. Flores was assigned in July 1976 to OTR on a two-year rotational assignment as an operations instructor. Upon completion of this assignment, Mr. Flores will return to this Division to assume responsibilities, either at Headquarters or in the field, commensurate with his demonstrated operational and managerial talents. In recognition of Mr. Flores' outstanding agent handling skills, his overall professional competency, and his obvious growth potential, it is strongly recommended that Mr. Flores be promoted to Grade GS-13.

  
Raymond A. Warren

S E C R E T  
EYES ONLY

SECRET

21 September 1976

MEMORANDUM FOR: Chief, OTR/LTD

FROM : Walter R. Cox  
Chief, ALT Unit

SUBJECT : Completion of Training Report  
Trainee: Daniel Flores  
Training Program:

1. For your information and for documentation in Daniel Flores' official personnel file, this memorandum certifies that he received the five-day SAI Persuasion Skills course at an NOCB  in Arlington, Virginia, between 11 and 17 August 1976. The instructor was Mr. .

2. Briefly, the SAI course is a program in human relations and communications effectiveness on the interpersonal level. It provides the trainee with a framework for analyzing problems usually encountered in supervisory or in agent development, recruitment, and handling situations and with a system for presenting his ideas in a way standing the best chance for success in gaining a target individual's willing acceptance. Flores was an active and most interested participant throughout the program and achieved a good understanding of the basic principles involved. A copy of his course critique is attached for your information.

3. Since Flores is an ALT Instructor, we plan to dispense with the formality of a post-training questionnaire.

  
Walter R. Cox

Originated by:

E-2 Impdet.  
Classified by 024097.

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CTR/ALT  
Staff

Trainee: Mr. Daniel Flores  
Instructor: Mr. [redacted]

August 1976 -

To assist us in making decisions about future SAI training or application, your answers to the following questions will be most appreciated.

1. Do you feel SAI training was helpful to you? (If you choose to do so, please explain why or how.) This course was extremely useful to me. One of the main features of the course -- how to perceive the other's person's objectives before your own -- was of particular interest because, as an instructor it will be one of the main tools I will use in evaluating the level of understanding of each trainee. This experience will also be very helpful to me in my career as a case officer. I can think of several instances where SAI could have helped me turn several failures (recruitment pitches) into successes.

2. Did SAI training provide you with any concepts or tools which can be applied in a practical way to your work problems? To your personal life? Any examples you care to mention?

The benefits that this course will provide for me in my job as an instructor are clear. I am absolutely certain that putting the SAI concept into practice will bring forth not only self satisfaction but career benefits as well. This will also be very helpful to me in my personal life. I can see now that some of the concepts will be put to work immediately.

3. What elements, segments, or aspects of the SAI training were of the most interest or use to you?

The greatest revelation from an operational point of view, was the clarification of perhaps an erroneous idea we have about obtaining our intelligence objectives. I always operated under the belief that the most important thing in my work was to attain my objectives, i.e. the recruitment of an agent. SAI revealed that this is true but it also revealed that it is more important to first consider the target's (agent's) objectives. Once we do this our chances (in my opinion after taking SAI) success would probably increase by at least 90 per cent. If I were to stress one point it would be that more emphasis be placed on dealing with the target's rather than the CO's objectives.

4. Would you recommend SAI training for other of our personnel?

I am sure that many people would be recommended for this training and that all would benefit from it. However, I would strongly recommend that personnel officers be given SAI as a prerequisite to their job. It would certainly help them in dealing with large numbers of different people.



5. What other components or categories of personnel do you believe would benefit from SAI training to a degree making it worthwhile for them to receive it?

6. Please comment, if you have any definite opinion, on the duration and pace of the training: too long/short? too fast/slow? The pace of the course was excellent. However, adding one or two more days would certainly help in putting the SAI concepts into practice by the trainee himself. That is, perhaps a live exercise with a person who is not aware of the training situation. A trainee could be tasked to elicit information from an unwitting participant. The use of videotapes and/or movies would help in testing the trainees perceptiveness through the course.

7. Any other comments you may wish to make:

A brief comment about the instructor. He was definitely responsible for the success of the course. Mr. [ ] showed excellent knowledge of the SAI material and throughout the course kept the student's interest alive by showing tremendous enthusiasm in what he was teaching. The end result of the professionalism that Mr. [ ] demonstrated in the class is reflected in the comments stated here and in the confidence he instilled in me personally.

8. On a scale of 1 to 5, how would you rate SAI training in relation to other training you have received from the Agency? Please encircle applicable number:

Non-Essential	Slightly Helpful	Generally Helpful	Very Helpful	Essential
1	2	3	4	5
				X

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>25 June 1976</b>	
1. SERIAL NUMBER <b>036130</b>		2. NAME (Last-First-Middle) <b>FLORES, Daniel</b>			
3. NATURE OF PERSONNEL ACTION <b>Reassignment</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>06</b> DAY <b>21</b> YEAR <b>76</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>
6. FUNDS 	V TO V <input type="checkbox"/>	V TO O <input type="checkbox"/>	7. PAY AND NTCA <b>0175-3010 0000</b>	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDA/OTR Functional Training Division Operations Training Branch</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>Instructor-Ops</b>			12. POSITION NUMBER <b>BD33</b>	13. CAREER SERVICE DESIGNATION <b>DQB</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>1712.32</b>	16. GRADE AND STEP <b>12 3</b>	17. SALARY OR RATE <b>20678</b>		
18. REMARKS  <div style="display: flex; justify-content: space-between;"> <div> <p><b>CONCUR:</b> </p> <p><b>LA/PERS</b></p> <p><b>20678206</b></p> <p><i>Out knowledge of category 246 will provide</i></p> <p><b>payroll security</b></p> </div> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p><b>DDO/MSB/MPC</b></p> </div> </div>					
18A. SIGNATURE OF REQUESTING OFFICIAL  <b>Harry E. Fitzwater, DTR</b>		DATE SIGNED <b>25 June 76</b>	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  <b>DDO/CMG/12</b>		DATE SIGNED <b>7/1/76</b>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>37 10</b>	20. EMPLOY CODE <b>17500</b>	21. OFFICE CODES NUMERIC <b>CTK</b> ALPHABETIC <b>75013</b>	22. STATION CODE	23. INTEREST CODE	24. HONORARY CODE
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LST MO DA YR	28. DATE OF DEATH MO DA YR		
29. RET. EXPIRY MO DA YR	30. SPECIAL EXPIRY MO DA YR	31. SEPARATION DATA CODE	32. POSITION (CANCELLATION) DATA MO DA YR	33. VETERAN DATA MO DA YR	34. VET DATA MO DA YR
35. VET PREFERENCE CODE	36. VET COMP DATA MO DA YR	37. LONG COMP DATA MO DA YR	38. CANCELLATION CODE	39. HEALTH REPORTABLE CODE	40. VETERAN DATA CODE
41. PERSONAL (VETERAN) SERVICE CODE		42. LEAVE (LST) CODE	43. PENSION DATA CODE	44. PENSION DATA CODE	45. PENSION DATA CODE
46. RESERVATION (VETERAN) DATA CODE		47. RESERVATION (VETERAN) DATA CODE			

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**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>26 AUGUST 1975</b>	
1. SERIAL NUMBER <b>036130</b>		2. NAME (Last-First-Middle) <b>FLORES, DANIEL</b>					
3. NATURE OF PERSONNEL ACTION <b>CONVERSION FROM <span style="border: 1px solid black; padding: 0 10px;"> </span> STATUS</b>				4. EFFECTIVE DATE REQUESTED MONTH: <b>09</b> DAY: <b>14</b> YEAR: <b>75</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> V TO V  C TO V </div> </div>		7. PAY AND NYCA <b>6135-4534-0000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/LATIN-AMERICA DIVISION CUBA OPERATIONS GROUP OPS BRANCH</b>				10. LOCATION OF OFFICIAL STATION  <b>WASHINGTON, D.C.</b>			
11. POSITION TITLE <b>OPERATIONS OFFICER</b>				12. POSITION NUMBER <b>CQ65</b>		13. CAREER SERVICE DESIGNATION <b>DQB</b>	
14. CLASSIFICATION SCHEDULE (GS, ES, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 2</b>		17. SALARY OR RATE <b>\$ 19,078</b>	
18. REMARKS							
18A. SIGNATURE OF REQUESTING OFFICIAL <b>H.L. BERTHOLD, C/LA/PERS</b>				DATE SIGNED <b>26 AUG 75</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
18C. DATE SIGNED <i>[Signature]</i>							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>56</b>	20. EMPLOY CODE <b>10</b>	21. GRADES CODES <b>51400 LA</b>	22. STATION CODE <b>77813</b>	23. INITIALS CODE <b> </b>	24. MODIFIER CODE <b> </b>	25. DATE OF BIRTH MM DD YY <b> </b>	26. DATE OF GROSS MM DD YY <b> </b>
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**SECRET**

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SECRET

(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

10 SEPTEMBER 1974

1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, DANIEL	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 74	
5 CATEGORY OF EMPLOYMENT REGULAR		6 FUNDS V TO V CF TO V XX CF TO CF	
7 PAN AND NSCA 5135 4534 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION WH/COG OPS BRANCH		10 LOCATION OF OFFICIAL STATION WASH, D.C.	
11 POSITION NUMBER OPS OFFICER		12 POSITION NUMBER 1159	
13 CAREER SERVICE DESIGNATION DQB		14 EXAMINATION SCHEDULE (GS, LR, etc.) GS	
15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 12 1	
17 SALARY OR RATE 17,497		18 REMARKS From position 1134	

19 SIGNATURE OF REQUESTING OFFICIAL  
H.E. BRUTHOLD D/WH/PERS

20 DATE SIGNED  
12 SEP 74

21 SIGNATURE OF APPROVING OFFICER  
K. R. R. R.

22 DATE SIGNED  
16 Sept 74

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

23 OFFICE OF PERSONNEL 1000	24 EMPLOYMENT 1000	25 OFFICE CODE 5135001	26 OFFICE CODE 1000	27 OFFICE CODE 1000	28 OFFICE CODE 1000	29 OFFICE CODE 1000	30 OFFICE CODE 1000	31 OFFICE CODE 1000	32 OFFICE CODE 1000	33 OFFICE CODE 1000	34 OFFICE CODE 1000	35 OFFICE CODE 1000	36 OFFICE CODE 1000	37 OFFICE CODE 1000	38 OFFICE CODE 1000	39 OFFICE CODE 1000	40 OFFICE CODE 1000	41 OFFICE CODE 1000	42 OFFICE CODE 1000	43 OFFICE CODE 1000	44 OFFICE CODE 1000	45 OFFICE CODE 1000	46 OFFICE CODE 1000	47 OFFICE CODE 1000	48 OFFICE CODE 1000	49 OFFICE CODE 1000	50 OFFICE CODE 1000	51 OFFICE CODE 1000	52 OFFICE CODE 1000	53 OFFICE CODE 1000	54 OFFICE CODE 1000	55 OFFICE CODE 1000	56 OFFICE CODE 1000	57 OFFICE CODE 1000	58 OFFICE CODE 1000	59 OFFICE CODE 1000	60 OFFICE CODE 1000	61 OFFICE CODE 1000	62 OFFICE CODE 1000	63 OFFICE CODE 1000	64 OFFICE CODE 1000	65 OFFICE CODE 1000	66 OFFICE CODE 1000	67 OFFICE CODE 1000	68 OFFICE CODE 1000	69 OFFICE CODE 1000	70 OFFICE CODE 1000	71 OFFICE CODE 1000	72 OFFICE CODE 1000	73 OFFICE CODE 1000	74 OFFICE CODE 1000	75 OFFICE CODE 1000	76 OFFICE CODE 1000	77 OFFICE CODE 1000	78 OFFICE CODE 1000	79 OFFICE CODE 1000	80 OFFICE CODE 1000	81 OFFICE CODE 1000	82 OFFICE CODE 1000	83 OFFICE CODE 1000	84 OFFICE CODE 1000	85 OFFICE CODE 1000	86 OFFICE CODE 1000	87 OFFICE CODE 1000	88 OFFICE CODE 1000	89 OFFICE CODE 1000	90 OFFICE CODE 1000	91 OFFICE CODE 1000	92 OFFICE CODE 1000	93 OFFICE CODE 1000	94 OFFICE CODE 1000	95 OFFICE CODE 1000	96 OFFICE CODE 1000	97 OFFICE CODE 1000	98 OFFICE CODE 1000	99 OFFICE CODE 1000	100 OFFICE CODE 1000
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10 SEP 74

SECRET

**(U) Approved for Release**

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 11/11/2009

11 July 74

1. SERIAL NUMBER 036130		2. NAME (Last-First-Initial) Flores, Daniel	
3. NATURE OF PERSONNEL ACTION Reassignment		4. EFFECTIVE DATE REQUESTED MONTH: 07, DAY: 22, YEAR: 77	
5. CATEGORY OF EMPLOYMENT Regular		6. FUND V TO V, CP TO V, X, CP TO CP	
7. PAN AND NSCA 5, 0135-4534, 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/WH Division WH/COG Ops Support Branch		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION NUMBER 1134		12. CAREER SERVICE DESIGNATION DQB	
13. CLASSIFICATION SCHEDULE (GS, F, R, etc.) GS		14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 12 1		16. SALARY OR RATE 17,497	
17. REMARKS From [redacted] 57085 [redacted]			
18. SIGNATURE OF REQUESTING OFFICIAL H. L. Berthold, C/WH/PERS		19. DATE SIGNED 11 July 77	
20. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
21. ACTION CODE 37 10		22. EMPLOY CODE 51500	
23. OFFICE CODES NUMERIC: 001, ALPHABETIC: 75013		24. STATION CODE 75013	
25. INITIALS CODE 1		26. MONTHS CODE 1	
27. DATE OF BIRTH MO: 07, DA: 22, YR: 77		28. DATE OF GRADE MO: 07, DA: 22, YR: 77	
29. DATE OF LST MO: 07, DA: 22, YR: 77		30. DATE OF LST MO: 07, DA: 22, YR: 77	
31. DATE OF LST MO: 07, DA: 22, YR: 77		32. DATE OF LST MO: 07, DA: 22, YR: 77	
33. DATE OF LST MO: 07, DA: 22, YR: 77		34. DATE OF LST MO: 07, DA: 22, YR: 77	
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83. DATE OF LST MO: 07, DA: 22, YR: 77		84. DATE OF LST MO: 07, DA: 22, YR: 77	
85. DATE OF LST MO: 07, DA: 22, YR: 77		86. DATE OF LST MO: 07, DA: 22, YR: 77	
87. DATE OF LST MO: 07, DA: 22, YR: 77		88. DATE OF LST MO: 07, DA: 22, YR: 77	
89. DATE OF LST MO: 07, DA: 22, YR: 77		90. DATE OF LST MO: 07, DA: 22, YR: 77	
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93. DATE OF LST MO: 07, DA: 22, YR: 77		94. DATE OF LST MO: 07, DA: 22, YR: 77	
95. DATE OF LST MO: 07, DA: 22, YR: 77		96. DATE OF LST MO: 07, DA: 22, YR: 77	
97. DATE OF LST MO: 07, DA: 22, YR: 77		98. DATE OF LST MO: 07, DA: 22, YR: 77	
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**SECRET**

(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>18 June 1974</b>	
1. SERIAL NUMBER <b>036130</b>		2. NAME (Last-First-Middle) <b>FLORES DANIEL</b>			
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>			4. EFFECTIVE DATE REQUESTED MONTH: <b>06</b> DAY: <b>23</b> YEAR: <b>74</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <div style="display: flex; justify-content: space-between;"> <div>V TO V</div> <div>V TO O</div> </div> <div style="display: flex; justify-content: space-between;"> <div>C TO V</div> <div><b>X</b> C TO O</div> </div>			7. PAY AND COSTS <b>4135708Y</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>PL 88-643 SECT. 203</b>
9. ORGANIZATIONAL DESIGNATIONS  <b>DDO/WH Division</b>			10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; height: 30px; width: 150px; margin: 0 auto;"></div>		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP <b>12</b>		17. SALARY OR RATE <b>\$</b>
18. REMARKS  <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>					
19A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER
					DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERICAL ALPHABETIC	22 STATION CODE	23 OFFENSE CODE	24 ACQUIS. CODE
				<b>3</b>	25 DATE OF BIRTH MO DA YR
26 DATE EXPIRES MO DA YR	27 SPECIAL DIFFERENCE	28 RETIREMENT DATA - FV - OPRN - FLS - PDS	29 SEPARATION DATA CODE	30 CANCELLATION CANCELLATION DATA MO DA YR	31 SECURITY RSG NO
		<b>2</b>		<b>EOO DATA</b> →	32 DATE OF LIT MO DA YR
33 USE PREVIOUS	34 SERV COMP DATE	35 LONG COMP DATE	36 JUDICIAL CATEGORY	37 HEALTH STATUS	38 SOCIAL SECURITY NO
CODE 0-0000 1-1 PR 2-10 PR	MO DA YR	MO DA YR	CODE 1-00 2-00	CODE 1-00 2-00 3-00	
39 PERIODS (ENTER AND CARRY OVER WEEKS)			40 LEAVE CAT	41 OTHER TAB DATA	42 STATE TAB DATA
CODE 0-00 PERSONAL SERVICE 1-00 DEDUCT 10 MONTHS 2-00 DEDUCT 10 MONTHS LESS THAN 1 YEAR 3-00 DEDUCT 10 MONTHS MORE THAN 1 YEAR			CODE 1-00 2-00	CODE 1-00 2-00 3-00	CODE 1-00 2-00 3-00
43 REASON FOR ACTION (COMPLETION)			44 DATE APPROVED		
<b>OK out</b>			DATE APPROVED		

See memo dated by  
D/Personnel dated: 6/21/74

**SECRET**

FORM 100-101 (1-71)

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

19 NOVEMBER 1973

1. SERIAL NUMBER 2. NAME (Last-First-Middle)

036130

FLORES DANIEL

3. NATURE OF PERSONNEL ACTION

PROMOTION

4. EFFECTIVE DATE REQUESTED

MONTH DAY YEAR  
11 25 73

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO C

C TO V

C TO C

7. TAN AND NSCA

4135 1084 0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDO/WII DIVISION

FOREIGN FIELD

BR 3 - STATION

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

OPS OFFICER

(12)

12. POSITION NUMBER

0136

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, I.B., etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 1

17. SALARY OR RATE

\$ 17497

18. REMARKS

From: GS-11.4

HOME BASE: WII

19A

DATE SIGNED

19 Nov 73

19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE SIGNED

AC/WII/Pers

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CLOSING	22 STATION CODE	23 INTEGRAL CODE	24 MONTHS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI
22	10	NUMERIC ALPHABETIC	0000	0000	3	MO DA YR	MO DA YR	MO DA YR
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY	34. SEX		
MO DA YR		CODE		TYPE MO DA YR	EOD DATA			
35. VET PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. HEALTH/HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE	MO DA YR	MO DA YR	CAR/BESV PROV/TIMP	CODE CODE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE	CODE	FORM EXECUTED CODE	CODE NO TAX STATE					
0-80 PREVIOUS SERVICE		1-TTS	CODE NO TAX STATE					
1-80 BREAK IN SERVICE		2-80	CODE NO TAX STATE					
2-80 BREAK IN SERVICE (LESS THAN 3 YEARS)			CODE NO TAX STATE					
3-80 BREAK IN SERVICE (MORE THAN 3 YEARS)			CODE NO TAX STATE					
45. POSITION CONTROL CERTIFICATION			46. OFF APPROVAL			DATE APPROVED		
11-23-73 29 NOV 1973			/K.A. Thack			2360073		

FORM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0111

11 2 APR 82

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SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 Nov 71	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL									
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 71			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO C		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135 1084		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
C TO V		X		C TO C							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division FOREIGN FIELD BRANCH 3 - [ ] STATION					10. LOCATION OF OFFICIAL STATION [ ]						
11. POSITION TITLE OPS OFFICER (12)					12. POSITION NUMBER 0136		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 11 3		17. SALARY OR RATE \$ 13,457				
18. REMARKS From GS 10. 3 * [ ]											
18A. SIGNATURE OF REQUESTING OFFICIAL [ ]			DATE SIGNED 23 Nov 71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [ ]			DATE SIGNED 11/24/71			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 51760 WH		22. STATION CODE 57035		23. INTEGRAL CODE [ ]			
24. HODIES CODE 3		25. DATE OF BIRTH MO. DA. YR. 11 25 71		26. DATE OF GRADE MO. DA. YR. 11 25 71		27. DATE OF LEI MO. DA. YR. 11 25 71					
28. NTE EXPIRY MO. DA. YR. [ ]		29. SPECIAL REFERENCE 1-CSC 2-OSCS 3-FICA 4-OTHER		30. RETIREMENT DATA CODE [ ]		31. SEPARATION DATA CODE [ ]		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. [ ]			
33. VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT		34. SERV COMP DATE MO. DA. YR. [ ]		35. LOBS COMP DATE MO. DA. YR. [ ]		36. CAREER CATEGORY CAP. RES. PROB. TUBP CODE [ ]		37. FEGLI/HEALTH INSURANCE CODE 0-WAIVER 1-REG 2-REG/OPY 3-IRREVERSIBLE			
38. SOCIAL SECURITY NO		39. SEX [ ]		40. SECURITY REG. NO		41. PERIODS (FEDERAL GOVERNMENT SERVICE) CODE 0-NO PERIODS SERVICE 1-NO PERIODS IN SERVICE 2-ESLAP IN SERVICE (LESS THAN 3 YEARS) 3-BRAN IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE [ ]			
43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION [ ]		46. O P APPROVAL [ ]		DATE APPROVED 11/24/71			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

101

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. <small>1-6</small>	NAME		
	LAST <small>(Print)</small>	FIRST <small>7-24</small>	MIDDLE
036130	FLORES	DANIEL	

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 8 - CANCELLATION	37	38	39	40-42
09	24	71					1			570

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39	40-42

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

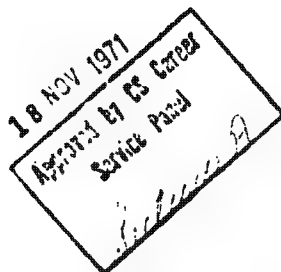
DOCUMENT IDENTIFICATION NO. 178740	DOCUMENT DATE/PERIOD 9/10/71
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REMARKS
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PREPARED BY DCO	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION CTDS.	DATE 9/14/71	
C & L DIVISION	SIGNATURE	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
EYES ONLY



17 AUG 1971

MEMORANDUM FOR: Secretary, CSCS Panel A

SUBJECT : Recommendation for Promotion to Grade  
GS-11, Daniel Flores

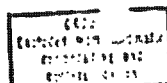
1. It is recommended that Mr. Daniel Flores be promoted from GS-10 to GS-11.

2. Mr. Flores is 36 years old and joined the Agency in March 1962. He has successively been a file clerk, translator, intelligence assistant, career trainee and operations officer. He worked part time for several years so that he could obtain his BA degree from American University. This he did in 1967 with his specialty being Latin American Affairs.

3. Mr. Flores, who is bilingual in English and Spanish, has just completed his first overseas tour as an operations officer in [redacted]. It is on the basis of his very fine performance during this tour that this promotion request is based. Also as a result of his record in [redacted] he has been assigned to [redacted] Station as an operations officer in a position which is rated as GS-13.

4. The Chief of Base, [redacted] and the Chief of Station, [redacted] both have rated Mr. Flores as "Strong" in his fitness reports and both have stated that his performance in [redacted] merited a Quality Step Increase. This QSI request is currently being processed and is based on the outstanding job Mr. Flores did in connection with a very sensitive [redacted] operation. He planned the [redacted] aspects, supervised the installation, located the [redacted] recruited the [redacted] and processed all the intelligence which was produced. The intelligence derived from this source has been of consistently high quality and the operation has been described by the Chief of Station, [redacted] as the best and most productive of all the operations in [redacted]. Throughout all aspects of the operation, Mr. Flores maintained tight control on its security and avoided any problems in this respect.

SECRET  
EYES ONLY





SECRET  
EYES ONLY

-2-

5. By his performance in [ ] Mr. Flores has demonstrated that he has found his proper role as an operations officer and that he has potential for growth in this area of endeavor. WII Division strongly recommends that he be promoted to GS-11.

*James E. Shapley*  
William V. Proctor  
Chief  
Western Hemisphere Division

SECRET  
EYES ONLY

(17 Nov 1964)

1152 1941 FEBRUARY 1941

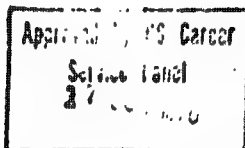
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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
1 SERIAL NUMBER 036130				2 NAME (Last-First-Middle) FLORES, DANIEL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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18A SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD		DATE SIGNED 21 July 70		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL 11/11/70																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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SECRET  
EYES ONLY



2 JUN 1970

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)


SUBJECT : Recommendation for Promotion to Grade  
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-9 to GS-10. Mr. Flores has been in his present grade since April 1969.

2. Mr. Flores joined the Agency in 1962. Initially he was employed on a part-time basis in the WH Division while attending American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the WH Division, he was selected for assignment as an operations officer at the [ ] Base, where he arrived in May 1969.

3. Mr. Flores has made a most impressive beginning in [ ]. He has adapted to new tasks and a new environment with a mature assurance and a professional approach. Shortly after arrival in [ ] the Base was temporarily depleted of other officers. Mr. Flores carried out the duties of acting Chief of Base in a most commendable manner. His fluency in Spanish and his Latin background have been definite assets in the performance of his duties. His performance to date has demonstrated that he handles his agents securely and productively. Both Mr. Flores and his wife have been well accepted within the local community and they carry out their representational duties very effectively.

4. Mr. Flores has proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level higher than his present grade and a promotion at this time is strongly recommended.

  
William V. Broe  
Chief  
Western Hemisphere Division

SECRET  
EYES ONLY

<b>DISPATCH</b>		DISPATCH SECRET		17 17	
TO: Chief, WI Division		Z		NO INFO NO INFO NO INFO	
FROM: Chief of Station, [ ]				NO INFO NO INFO NO INFO	
SUBJECT: Chief of Base, [ ]				NO INFO NO INFO NO INFO	
ADMINISTRATIVE/PERSONNEL - Promotion for [ ]					
ACTION REQUIRED: See Below					
Approved by CS Career Service Panel 17 JUL 1970					
<p>During the visit of the Chief, WID to the Base last November 1969 he mentioned to the COS, [ ] and the COB that the promotion for <sup>Flores</sup> [ ] (from GS-9 to GS-10) would be forthcoming; he also said this to <sup>Flores</sup> [ ] during a private meeting. Thus far, however, there has been no notice of the promotion action. The COB assumes that the delay is related in some way to the dates set for meeting of the promotion panel for <sup>Flores</sup> [ ] grade. If this assumption is not correct, however, and some further action by the Base is necessary in addition to the recommendation contained in <sup>Flores</sup> [ ] last Fitness Report, the COB would appreciate being advised.</p>					
Distribution: 1 orig. & 2 - C/WID 2 - COS, [ ]					
DISPATCH SYMBOL AND NUMBER		DATE			
HNSP-1070		26 May 1970			
SECRET					

**SECRET**  
(U.S. Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>9 APRIL 1969</b>	
1. SERIAL NUMBER <b>036130</b>		2. NAME (Last-First-Middle) <b>FLORES, DANIEL</b>			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>10</b> YEAR <b>69</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <div style="display: flex; justify-content: space-between;"> <div>V TO V</div> <div>V TO CP</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CP TO V</div> <div><b>X</b> CP TO CP</div> </div>			7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>0135 0884</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH FOREIGN FIELD BRANCH 3</b>			10. LOCATION OF OFFICIAL STATION <b>Base</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>0376</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, E.R., etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		17. SALARY OR RATE <b>\$ 8744</b>	
16. REMARKS <b>X</b> <u>ALL</u> SICK AND <u>ALL</u> HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE <b>X</b> MARITAL STATUS: <b>MARRIED</b>					
DATE SIGNED <b>X5013</b>			18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED

**SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL**

19. ACTION CODE <b>55</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>51700</b> ALPHABETIC <b>10H</b>	22. STATION CODE <b>19559</b>	23. INTEREST CODE <b>3</b>	24. MOOTPS CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. RET. EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE 1-CLC 2-ORCA 3-PCA 4-ORCA	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION CANCELLATION DATA MO. DA. YR.	<b>EOD DATA</b> →		33. SECURITY REG NO.	34. SER
35. RET. PREFERENCE CODE 1-NO 2-10 YR	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE 1-NO 2-10 YR	39. REG. HEALTH INSURANCE CODE 1-YES 2-NO	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-NO BREAK IN SERVICE 3-BREAK IN SERVICE (LESS THAN 3 YEARS) 4-BREAK IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA CODE 1-YES 2-NO		44. STATE TAX DATA CODE 1-YES 2-NO		
45. POSITION CONTROL CERTIFICATION <b>C42469/2K</b>				46. C.P. APPROVAL <b>C42469</b>		DATE APPROVED		

**SECRET**  
(U Not Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>3 April 1969</b>	
1 SERIAL NUMBER <b>036130</b>		2 NAME (Last-First-Middle) <b>FLORES, DANIEL</b>			
3 NATURE OF PERSONNEL ACTION <b>PROMOTION, TRANSFER TO FUNDS, AND CHANGE OF SERVICE DESIGNATION</b>		4 EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>06</b> YEAR <b>69</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS <b>DDP7WH FOREIGN FIELD BRANCH #3</b>		7 FINANCIAL ANALYSIS NO CHARGEABLE <b>9135 0884</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS <b>DDP7WH FOREIGN FIELD BRANCH #3</b>		10 LOCATION OF OFFICIAL STATION <b>STATION BASE</b>			
11 POSITION TITLE <b>OPS OFFICER</b>		12 POSITION NUMBER <b>0376</b>		13 CAREER SERVICE DESIGNATION <b>D</b>	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136,01</b>		16 GRADE AND STEP <b>09 2</b>	
17 SALARY OR RATE <b>\$ 8744</b>					
18 REMARKS <p><b>APPROVED 259a ATTACHED.</b></p> <p><b>FROM: DDP/WH/Branch 4/Pos. 1441.</b></p> <p><b>GS-08, step 2, \$7956/annum.</b></p> <p><b>I CONCUR IN CHANGE OF SERVICE DESIGNATION FROM SJ TO D:</b></p> <p><i>(Signed on original)</i> <b>3 Apr 69</b></p> <p align="right"><b>CONCUR:</b> <b>OTR/PERS</b></p>					
18A SIGNATURE OF REQUESTING OFFICIAL <b>HENRY L. BERTHOLD</b>		DATE SIGNED <b>3 APR 69</b>		DATE SIGNED <b>4 APR 1969</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE <b>20</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC <b>5170</b> ALPHABETIC <b>WH</b>	22 STATION CODE <b>A559</b>	23 INTEGRITY CODE <b>3</b>	24 MONTHS CODE <b>3</b>
25 DATE OF BIRTH MO <b>04</b> DA <b>10</b> YR <b>67</b>		26 DATE OF GRADE MO <b>04</b> DA <b>10</b> YR <b>67</b>		27 DATE OF LET MO <b>04</b> DA <b>10</b> YR <b>67</b>	
28 DATE EXPIRES MO <b>04</b> DA <b>10</b> YR <b>67</b>		29 SPECIAL DIFFERENTIAL <b>00</b>		30 RETIREMENT DATA CODE <b>00</b>	
31 SEP PREFERENCE CODE <b>00</b>		32 SEP CORR DATE MO <b>04</b> DA <b>10</b> YR <b>67</b>		33 LONG CORR DATE MO <b>04</b> DA <b>10</b> YR <b>67</b>	
34 CARRIED CATEGORY CODE <b>00</b>		35 FEGLI HEALTH INSURANCE CODE <b>00</b>		36 SOCIAL SECURITY NO	
37 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE <b>00</b>		38 LEAFY CAS CODE CODE <b>00</b>		39 FEDERAL TAX DATA CODE <b>00</b>	
40 STATE TAX DATA CODE <b>00</b>		41 FORM EXECUTED CODE <b>00</b>		42 STATE TAX DATA CODE <b>00</b>	
43 POSITION CONTROL CERTIFICATION <b>00</b>		44 OF APPROVAL <b>00</b>		45 DATE APPROVED <b>00</b>	

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 SEPTEMBER 1968	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, DANIEL									
3 NATURE OF PERSONNEL ACTION REASSIGNMENT					4 EFFECTIVE DATE REQUESTED MONTH 10 DAY 06 YEAR 68			5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS XX		V TO V		V TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 9235 0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 4 SECTION					10 LOCATION OF OFFICIAL STATION WASH., D. C.						
11 POSITION TITLE Ops Officer X CAREER TRAINING					12 POSITION NUMBER 1441		13 CAREER SERVICE DESIGNATION SS				
14 CLASSIFICATION SCHEDULE (G.S. I.B. etc.) GS			15 OCCUPATIONAL SERIES 0136.01 XXXXXX		16 GRADE AND STEP 08 2		17 SALARY OR RATE \$7,956				
18 REMARKS FROM: DDS/OTR/CAREER TRAINING PROGRAM/0748  1 - Finance 1 - Security  CONCUR: OTR/CTP  DATE SIGNED: 24 SEP 68  SIGNING OFFICER: C/CTP  DATE SIGNED: 24 SEP 68											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC 51450 ALPHABETIC WH		22 STATION CODE 72212	23 INTEGRAL CODE 1	24 HOURS CODE 1	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LSI MO DA YR		
28 BTE LEXIES MO DA YR	29 SPECIAL REFERENCE 1-OK 2-OK 3-OK	30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA MO DA YR	33 SECURITY BIO NO.		34 SEX			
35 VET PREFERENCE CODE 0-NONE 1-1 YR 2-10 YR	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE	39 FEDERAL HEALTH INSURANCE CODE 0-BAILEY 1-YES	40 SOCIAL SECURITY NO.						
41 FOREIGN (CIVILIAN GOVERNMENT SERVICE) CODE 0-NO SERVICE (NONE) 1-NO SERVICE (NONE) 2-NO SERVICE (NONE) 3-NO SERVICE (NONE)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA CODE 1-YES 2-NO	44 STATE TAX DATA CODE 1-YES 2-NO						
45 POSITION CONTROL CERTIFICATION X					46 APPROVAL DATE						

FORM 1152 USE PREVIOUS EDITION

SECRET

FORM 1152 USE PREVIOUS EDITION



SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								10 June 1968	
036130		FLORES, Daniel									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
PROMOTION					MONTH DAY YEAR 03 16 68			REGULAR			
6. FUNDS		XX		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (as completed by Office of Personnel)	
		CF TO V		CF TO CF				8275 2100			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DLG/OTR CAREER TRAINING PROGRAM					WASHINGTON, D.C.						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
CAREER TRAINEE					0788			SJ			
14. CLASSIFICATION SCHEDULE (GS, I.R., etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS			0090.01		08 2			\$ 7633			
18. REMARKS											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
						C/CTP				6/13/68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. HOOVER CODE	
22		10		NUMERIC ALPHABETIC 08300 CTP		75213					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LST		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LST		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LST		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
49. DATE OF BIRTH		50. DATE OF GRADE		51. DATE OF LST		52. DATE OF BIRTH		53. DATE OF GRADE		54. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
55. DATE OF BIRTH		56. DATE OF GRADE		57. DATE OF LST		58. DATE OF BIRTH		59. DATE OF GRADE		60. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LST		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LST		70. DATE OF BIRTH		71. DATE OF GRADE		72. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
73. DATE OF BIRTH		74. DATE OF GRADE		75. DATE OF LST		76. DATE OF BIRTH		77. DATE OF GRADE		78. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
79. DATE OF BIRTH		80. DATE OF GRADE		81. DATE OF LST		82. DATE OF BIRTH		83. DATE OF GRADE		84. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
85. DATE OF BIRTH		86. DATE OF GRADE		87. DATE OF LST		88. DATE OF BIRTH		89. DATE OF GRADE		90. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
91. DATE OF BIRTH		92. DATE OF GRADE		93. DATE OF LST		94. DATE OF BIRTH		95. DATE OF GRADE		96. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
97. DATE OF BIRTH		98. DATE OF GRADE		99. DATE OF LST		100. DATE OF BIRTH		101. DATE OF GRADE		102. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
103. DATE OF BIRTH		104. DATE OF GRADE		105. DATE OF LST		106. DATE OF BIRTH		107. DATE OF GRADE		108. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
109. DATE OF BIRTH		110. DATE OF GRADE		111. DATE OF LST		112. DATE OF BIRTH		113. DATE OF GRADE		114. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
115. DATE OF BIRTH		116. DATE OF GRADE		117. DATE OF LST		118. DATE OF BIRTH		119. DATE OF GRADE		120. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
121. DATE OF BIRTH		122. DATE OF GRADE		123. DATE OF LST		124. DATE OF BIRTH		125. DATE OF GRADE		126. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
127. DATE OF BIRTH		128. DATE OF GRADE		129. DATE OF LST		130. DATE OF BIRTH		131. DATE OF GRADE		132. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
133. DATE OF BIRTH		134. DATE OF GRADE		135. DATE OF LST		136. DATE OF BIRTH		137. DATE OF GRADE		138. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
139. DATE OF BIRTH		140. DATE OF GRADE		141. DATE OF LST		142. DATE OF BIRTH		143. DATE OF GRADE		144. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
145. DATE OF BIRTH		146. DATE OF GRADE		147. DATE OF LST		148. DATE OF BIRTH		149. DATE OF GRADE		150. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
151. DATE OF BIRTH		152. DATE OF GRADE		153. DATE OF LST		154. DATE OF BIRTH		155. DATE OF GRADE		156. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
157. DATE OF BIRTH		158. DATE OF GRADE		159. DATE OF LST		160. DATE OF BIRTH		161. DATE OF GRADE		162. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
163. DATE OF BIRTH		164. DATE OF GRADE		165. DATE OF LST		166. DATE OF BIRTH		167. DATE OF GRADE		168. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
169. DATE OF BIRTH		170. DATE OF GRADE		171. DATE OF LST		172. DATE OF BIRTH		173. DATE OF GRADE		174. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
175. DATE OF BIRTH		176. DATE OF GRADE		177. DATE OF LST		178. DATE OF BIRTH		179. DATE OF GRADE		180. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
181. DATE OF BIRTH		182. DATE OF GRADE		183. DATE OF LST		184. DATE OF BIRTH		185. DATE OF GRADE		186. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
187. DATE OF BIRTH		188. DATE OF GRADE		189. DATE OF LST		190. DATE OF BIRTH		191. DATE OF GRADE		192. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
193. DATE OF BIRTH		194. DATE OF GRADE		195. DATE OF LST		196. DATE OF BIRTH		197. DATE OF GRADE		198. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
199. DATE OF BIRTH		200. DATE OF GRADE		201. DATE OF LST		202. DATE OF BIRTH		203. DATE OF GRADE		204. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
205. DATE OF BIRTH		206. DATE OF GRADE		207. DATE OF LST		208. DATE OF BIRTH		209. DATE OF GRADE		210. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
211. DATE OF BIRTH		212. DATE OF GRADE		213. DATE OF LST		214. DATE OF BIRTH		215. DATE OF GRADE		216. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
217. DATE OF BIRTH		218. DATE OF GRADE		219. DATE OF LST		220. DATE OF BIRTH		221. DATE OF GRADE		222. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
223. DATE OF BIRTH		224. DATE OF GRADE		225. DATE OF LST		226. DATE OF BIRTH		227. DATE OF GRADE		228. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
229. DATE OF BIRTH		230. DATE OF GRADE		231. DATE OF LST		232. DATE OF BIRTH		233. DATE OF GRADE		234. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
235. DATE OF BIRTH		236. DATE OF GRADE		237. DATE OF LST		238. DATE OF BIRTH		239. DATE OF GRADE		240. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
241. DATE OF BIRTH		242. DATE OF GRADE		243. DATE OF LST		244. DATE OF BIRTH		245. DATE OF GRADE		246. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
247. DATE OF BIRTH		248. DATE OF GRADE		249. DATE OF LST		250. DATE OF BIRTH		251. DATE OF GRADE		252. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
253. DATE OF BIRTH		254. DATE OF GRADE		255. DATE OF LST		256. DATE OF BIRTH		257. DATE OF GRADE		258. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
259. DATE OF BIRTH		260. DATE OF GRADE		261. DATE OF LST		262. DATE OF BIRTH		263. DATE OF GRADE		264. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
265. DATE OF BIRTH		266. DATE OF GRADE		267. DATE OF LST		268. DATE OF BIRTH		269. DATE OF GRADE		270. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
271. DATE OF BIRTH		272. DATE OF GRADE		273. DATE OF LST		274. DATE OF BIRTH		275. DATE OF GRADE		276. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
277. DATE OF BIRTH		278. DATE OF GRADE		279. DATE OF LST		280. DATE OF BIRTH		281. DATE OF GRADE		282. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
283. DATE OF BIRTH		284. DATE OF GRADE		285. DATE OF LST		286. DATE OF BIRTH		287. DATE OF GRADE		288. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
289. DATE OF BIRTH		290. DATE OF GRADE		291. DATE OF LST		292. DATE OF BIRTH		293. DATE OF GRADE		294. DATE OF LST	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
295. DATE OF BIRTH		296. DATE OF GRADE									

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER <b>036130</b>		2 NAME (Last-First-Middle) <b>FLORES, Daniel</b>				28 November 1967	
3 NATURE OF PERSONNEL ACTION <b>PROMOTION AND CHANGE OF SERVICE DESIGNATION</b>				4 EFFECTIVE DATE REQUESTED MONTH <b>12</b> DAY <b>22</b> YEAR <b>67</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS ▶ <b>XX</b> V TO V CF TO V		7 FINANCIAL ANALYSIS NO CHARGEABLE <b>8275 2100</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS <b>DDS/OTR CAREER TRAINING PROGRAM</b>				10 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>			
11 POSITION TITLE <b>CAREER TRAINEE</b>				12 POSITION NUMBER <b>0 748</b>		13 CAREER SERVICE DESIGNATION <b>SJ</b>	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0090-21</b>		16 GRADE AND STEP <b>07 22</b>		17 SALARY OR RATE <b>\$ 6,957</b>	
18 REMARKS  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>43</p> <p>From: DDP/WH/COG/Intelligence Branch/Operations Support Section, #1174. Subject has concurred in Change of Service Designation from D to SJ.</p> </div> <div style="width: 30%; text-align: center;"> <p>Henry L. Berthold Chief, WH Personnel</p> </div> <div style="width: 30%; text-align: center;"> <p>Security Approval: [Signature] DATE SIGNED: 12/16/67</p> </div> </div>							
19A SIGNATURE OF REQUESTING OFFICIAL <b>Robert B. Freeman, C/CTP</b>				DATE SIGNED		19B [Signature] DATE SIGNED: 11/14/67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE <b>22</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC <b>28300</b> ALPHABETIC <b>CTP</b>	22 STATION CODE <b>76013</b>	23 INTERAG CODE	24 MOBILE CODE <b>1</b>	25 DATE OF BIRTH MO DA YR <b>12 17 61</b>	26 DATE OF GRADE MO DA YR <b>12 17 67</b>
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-YES 2-NO	31 SEPARATION DATA CODE	32 CORRECTION LABELLING DATA TYPE MO DA YR	27 DATE OF LST MO DA YR <b>12 17 67</b>		
35 PAY PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE 0-NONE 1-10	39 FEGLI HEALTH INSURANCE CODE 0-NONE 1-10	40 SOCIAL SECURITY NO		
41 PREVIOUS (FEDERAL GOVERNMENT SERVICE) CODE 0-NONE 1-10			42 LEAVE (LST) CODE 0-NONE 1-10	43 FEDERAL TAX DATA CODE 0-NONE 1-10		44 STATE TAX DATA CODE 0-NONE 1-10	
45 POSITION CONTROL CERTIFICATION <b>RF</b>				46 O.P. APPROVAL <b>12 2-15</b>		DATE APPROVED <b>11/14/67</b>	

CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

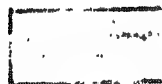
THROUGH : Executive Secretary  
CSCT Selection Board

SUBJECT : Application for Career Training Program

1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.
2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.
3. Should you have any further questions, do not hesitate to call on the Program Officers.

ROBERT B. FREEMAN  
Chief, CTP

CONFIDENTIAL



**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>3, August 1967</b>																																																																																											
1 SERIAL NUMBER <b>036130</b>		2 NAME (Last-First-Middle) <b>FLORES DANIEL</b>																																																																																													
3 NATURE OF PERSONNEL ACTION <b>PROMOTION &amp; PAY ADJUSTMENT TO FULL TIME (CORRECTION)</b>			4 EFFECTIVE DATE REQUESTED <b>01/07/67</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>																																																																																										
6 FUNDS <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> X <input type="checkbox"/> V TO V <input type="checkbox"/> V TO C <input type="checkbox"/> C TO V <input type="checkbox"/> C TO C         </div>			7 FINANCIAL ANALYSIS NO. CHARTERABLE <b>8235 0620</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																										
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION</b>			10 LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>																																																																																												
11 POSITION TITLE <b>INTELLIGENCE ASST</b>			12 POSITION NUMBER <b>1174</b>		13 CAREER SERVICE DESIGNATION <b>D</b>																																																																																										
14 CLASSIFICATION SCHEDULE (GS, ZB, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0301.28</b>		16 GRADE AND STEP <b>06 3</b>																																																																																											
17 SALARY OR RATE <b>6263. ✓</b>																																																																																															
18 REMARKS  <b>(FINANCIAL ANALYSIS NO. (#7) TO READ: 8235 0620)</b>																																																																																															
19 SIGNATURE OF REQUESTER <b>Henry L. Berthold C/WH/PERS</b>			DATE SIGNED <b>8/1/67</b>		20 SIGNATURE OF CAREER SERVICE APPROVING OFFICER  <b>5 Sept 1967</b>																																																																																										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																																																															
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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				22 June 1967	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES DANIEL			
3. NATURE OF PERSONNEL ACTION PROMOTION + Pay Adjustment to Full Time			4. EFFECTIVE DATE REQUESTED 07   30   67		5. CATEGORY OF EMPLOYMENT REGULAR <del>PART-TIME</del>
6. FUNDS X V TO V CF TO V			7. FINANCIAL ANALYSIS NO CHARGEABLE 8235 1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION			10. LOCATION OF OFFICIAL STATION WASH., D.C.		
11. POSITION TITLE INTELLIGENCE CLERK asst (2)			12. POSITION NUMBER 1174	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (G, L.B. etc.) GS		15. OCCUPATIONAL SERIES 0301.28	16. GRADE AND STEP 06 3	17. SALARY OR RATE 6263.	
18. REMARKS Subject is returning to full-time duty on <sup>30</sup> July 1967. Subject will graduate from Georgetown Univ. this month.					
19. SIGNATURE OF REQUESTING OFFICER C/WH/Pers			20. DATE SIGNED 28 June	21. SIGNATURE OF CAREER SERVICE SUPERVISING OFFICER 7.10.67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. ACTION CODE 22	23. EMPLOY CODE 10	24. OFFICE CODE 5/500	25. STATION CODE 4/4	26. HOURS CODE 1	27. DATE OF BIRTH 12/30/61
28. DATE OF SEAS 12/30/67	29. DATE OF LIT 12/30/67	30. DATE OF SEAS 12/30/67	31. DATE OF LIT 12/30/67	32. DATE OF SEAS 12/30/67	33. DATE OF LIT 12/30/67
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MEMORANDUM FOR: Secretary CSCS Panel, Section D

SUBJECT : Recommendation for the Promotion of Mr.  
Daniel Flores From GS-05 to GS-06.

1. Mr. Flores has been working in WH/COG and its predecessor groups since 1963. His fitness reports have been consistently good and the comments of his supervisors laudatory. In mid-1965 Mr. Flores was changed from full-time to part-time staff employee in order to allow him to attend American University on a full-time basis. His course of study leads to a Bachelor's Degree in Political Science with emphasis in Latin American affairs. Mr. Flores has made the Dean's List the past two semesters and will receive his degree in August 1967.

2. Throughout his career Mr. Flores has shown himself to be a strongly motivated employee, willing and capable. The calibre of his performance has been consistently good and he has shown steady improvement as he acquired the skills and knowledge of intelligence business. He is reliable and conscientious and we have good reason to expect that he will develop into a very competent operations officer. He will apply for the CT program in September and his application will be wholeheartedly supported by WH/COG.

3. In WH/COG Mr. Flores has served as an Intelligence Assistant in support of CI operations. In addition he has assisted in the training of agents in [redacted] communications. Mr. Flores is bi-lingual - Spanish and English - and is adept as an operational Translator-Interpreter.

4. Mr. Flores was promoted to GS-05 on 16 March 1964. He has been performing duties at GS-06 level for the past two years and it is sincerely recommended that he be promoted promptly to GS-06.

*William V. Broo*  
William V. Broo  
Chief  
Western Hemisphere Division

SECRET

*I still have it, if you want.*

## DATE PREPARED

1. SERIAL NUMBER 035130		2. NAME (Last-First-Middle) FLORES DANTEL					
3. NATURE OF PERSONNEL ACTION CHANGE REQUEST				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08/15/66		5. CATEGORY OF EMPLOYMENT PART TIME	
6. FUNDS X		V TO V CF TO V		7. COST CENTER NO. CHARGE 7235 1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS TOP/WH WH/C INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION				10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE INTELLIGENCE CLERK				12. POSITION NUMBER 1176		13. CAREER SERVICE DESIGNATION d	
14. CLASSIFICATION SCHEDULE (GS, FB, etc.) GS		15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP GS 4		17. SALARY OR RATE \$ 5859.	
18. REMARKS  From: WH/C.Intel Br., R & R Sec.DC # 1181							
DATE SIGNED GAT/Per 14 Sep 66				18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 2/14/66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37 20		20. EMPLOY CODE 54500		21. OFFICE CODING WH		22. STATION CODE 75013	
23. DATE OF BIRTH		24. DATE OF GRADE		25. DATE OF LCI		26. SECURITY	
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67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LCI		70. SECURITY	
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Page 1152

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S E C R E T  
(When Filled In)

9 September 1966

MEMORANDUM FOR: Mr. Daniel Flores

THROUGH : Head of CS Career Service


SUBJECT : Notification of Non-eligibility for Designation as a  
Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

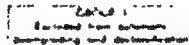
2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. This in no way affects your current status under the Civil Service Retirement System, nor does it preclude reconsideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph e of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve any questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.

  
Emmett D. Echols  
Director of Personnel

S E C R E T





**SECRET**

**CENTRAL INTELLIGENCE AGENCY**  
WASHINGTON, D.C. 20503

**17 JAN 1966**

**Claimant: Daniel Flores**  
**File No.: 7000438**

Mr. Wilfred J. Harren  
Chief of Section  
Division of Claims Services  
Bureau of Employees' Compensation  
Washington, D. C. 20211

Dear Mr. Harren:

Reference is made to Subject's claim for benefits of the  
Federal Employees' Compensation Act.

Enclosed is additional information submitted by claimant.

If we may be of further assistance in this matter, please  
so advise.

Very truly yours,

/s/ B. DeFelice

B. DeFelice  
Office of Personnel

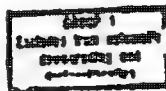
Enclosures:

As stated

Distribution:

O-addressee, 1-D/Pers, 1-BCB  
OP/BSDB/BCB/[ ] (14 January 1966)

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(When Filled In)

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|---|--------------------------------|---|---|--|---|--|-------------------------------|-----------------------------|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                                |   |   |  | DATE PREPARED<br>13 AUGUST 1965                       |  |                               |                             |
| 1. SERIAL NUMBER<br>036130  |                                | 2. NAME (Last-First-Middle)<br>HUTCH, Daniel        |   |  |   |  |                               |                             |
| 3. NATURE OF PERSONNEL ACTION<br>TRANSFERRANT   |                                |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>08 1 16-65 |  | 5. CATEGORY OF EMPLOYMENT<br>Part Time                |  |                               |                             |
| 6. FUNDS<br>X V TO V<br>CF TO V   |                                |   | 7. COST CENTER NO CHARGE<br>6235-1162                       |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |  |                               |                             |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DEP/WH<br>WH/C<br>Intelligence Branch<br>Reports and Requirements Section   |                                |   | 10. LOCATION OF OFFICIAL STATION<br>Washington, D.C.        |  |   |  |                               |                             |
| 11. POSITION TITLE<br>TITELI SCIENCE (1)  |                                |   | 12. POSITION NUMBER<br>1134                                 |  | 13. CAREER SERVICE DESIGNATION<br>D                   |  |                               |                             |
| 14. CLASSIFICATION SCHEDULE (GV, LB, etc)<br>OS (06)  |                                | 15. OCCUPATIONAL SERIES<br>0301.27                  |   | 16. GRADE AND STEP<br>05 (3)                                 |   | 17. SALARY OR RATE<br>\$ 5330                              |                               |                             |
| 18. REMARKS<br>From: DEP/WH/CI St., #1130, D.C.   |                                |   |   |  |   |  |                               |                             |
| DATE SIGNED<br>13 Aug 65  |                                |   | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER          |  | DATE SIGNED<br>8/20/65                                |  |                               |                             |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                |   |   |  |   |  |                               |                             |
| 19. ACTION CODE<br>37   | 20. EMPLOY CODE<br>20          | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>51501 WH | 22. STATION CODE<br>75815                                   | 23. INTEGREE CODE  | 24. MOOTPS CODE<br>1                                  | 25. DATE OF BIRTH<br>MO DA YR                              | 26. DATE OF GRADE<br>MO DA YR | 27. DATE OF LEE<br>MO DA YR |
| 28. NTE EXPIRES<br>MO DA YR   | 29. SPECIAL REFERENCE          | 30. RETIREMENT DATA<br>1-CSC<br>2-FER<br>3-BONE     | 31. SEPARATION DATA CODE                                    | 32. CORRECTION, CANCELLATION DATA<br>TYPE MO DA YR           | EOD DATA →  |  | 33. SECURITY REQ NO           | 34. SEX                     |
| 35. NET PREFERENCE<br>CODE 0-NO P<br>1-5 PT<br>2-10 PT  | 36. SERV COMP DATE<br>MO DA YR | 37. LONG COMP DATE<br>MO DA YR                      | 38. CAREER CATEGORY<br>CAR RES<br>PROV. TEMP                | 39. FEGLI HEALTH INSURANCE<br>CODE CODE 0-NO<br>1-YES        | 40. SOCIAL SECURITY NO                                |  |                               |                             |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0-NO PREVIOUS SERVICE<br>1-NO DELAY IN SERVICE<br>2-DELAY IN SERVICE (LESS THAN 3 YEARS)<br>3-DELAY IN SERVICE (MORE THAN 3 YEARS) |                                |   | 42. LEAVE CAT<br>CODE                                       | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS |   | 44. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS |                               |                             |
| 45. POSITION CONTROL CERTIFICATION<br>8-10-65 WJL   |                                |   |   | 46. OP APPROVAL  |   | DATE APPROVED<br>8/20/65                                   |                               |                             |

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CSPD  
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FORM 1152 USE PREVIOUS EDITION

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

(If Not Filled In)

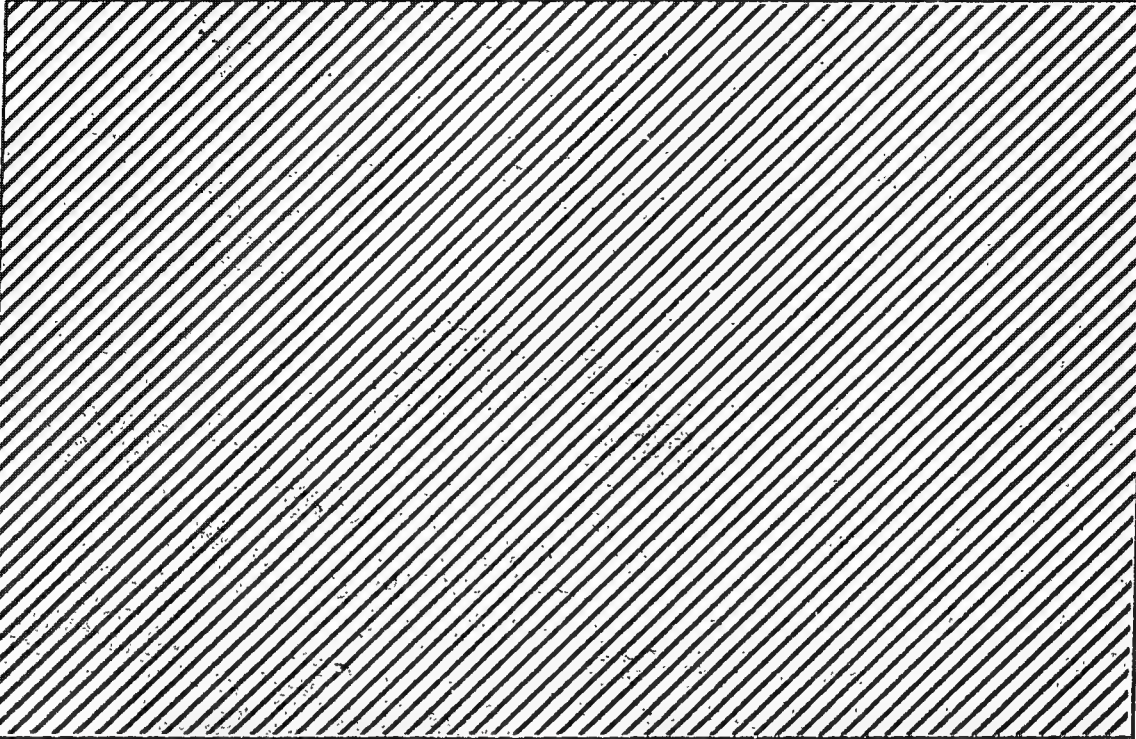
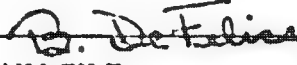
| REQUEST FOR PERSONNEL ACTION  |                                   |   |   |   |   |   |                                  |                                    |                                | DATE PREPARED<br>15 January 1965 |  |
|---|-----------------------------------|---|---|---|---|---|----------------------------------|------------------------------------|--------------------------------|----------------------------------|--|
| 1. SERIAL NUMBER<br>036130  |                                   | 2. NAME (Last-First-Middle)<br>FLORES, Daniel         |   |   |   |   |                                  |                                    |                                |                                  |  |
| 3. NATURE OF PERSONNEL ACTION<br>PAY ADJUSTMENT (TO PART TIME)<br>FROM FULL TIME  |                                   |   |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>02 08 65         |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR (PART TIME)      |                                  |                                    |                                |                                  |  |
| 6. FUNDS<br>X V TO V<br>CF TO V   |                                   | V TO CF<br>CF TO CF                                   |   | 7. COST CENTER NO. CHARGEABLE<br>5235-1162                        |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |                                  |                                    |                                |                                  |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DPP<br>Special Affairs Staff<br>Counter-Intelligence Staff<br>Operations Section  |                                   |   |   | 10. LOCATION OF OFFICIAL STATION<br>Washington, D.C.              |   |   |                                  |                                    |                                |                                  |  |
| 11. POSITION TITLE<br>INTELLIGENCE ASST. (D)  |                                   |   |   | 12. POSITION NUMBER<br>1130                                       |   | 13. CAREER SERVICE DESIGNATION<br>D                   |                                  |                                    |                                |                                  |  |
| 14. CLASSIFICATION SCHEDULE (G.S., F.B., etc.)<br>GS (35)   |                                   | 15. OCCUPATIONAL SERIES<br>0301.23                    |   | 16. GRADE AND STEP<br>05 (2)                                      |   | 17. SALARY OR RATE<br>5165                            |                                  |                                    |                                |                                  |  |
| 18. REMARKS<br><p>Subject to work on regularly scheduled tour not to exceed 19 hours per week.</p> <p>Subject will be working Monday through Friday, from 1400 to 1700.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;">Recorded by<br/>CSPD<br/>am</div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">C/WH/Pers.</div> <div style="margin-left: 20px;">DATE SIGNED<br/>12/2/65</div> <div style="margin-left: 20px;">SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br/><i>[Signature]</i></div> <div style="margin-left: 20px;">DATE SIGNED<br/>2/2/65</div> </div> |                                   |   |   |   |   |   |                                  |                                    |                                |                                  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                   |   |   |   |   |   |                                  |                                    |                                |                                  |  |
| 19. ACTION CODE<br>28   | 20. EMPLOY CODE<br>36             | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>47/60 54-8 |   | 22. STATION CODE<br>25013   | 23. INTEGRAL CODE                                     | 24. HOURS CODE<br>1                                   | 25. DATE OF BIRTH<br>MO. DA. YR. | 26. DATE OF GRADE<br>MO. DA. YR.   | 27. DATE OF LEI<br>MO. DA. YR. |                                  |  |
| 28. BTE EXPIRES<br>MO. DA. YR.  | 29. SPECIAL REFERENCE             | 30. RETIREMENT DATA<br>1-CSE<br>2-FICA<br>3-BONE      |   | 31. SEPARATION DATA CODE  | 32. CORRECTION, CANCELLATION DATA<br>TYPE MO. DA. YR. |   | 33. SECURITY REQ NO              |                                    | 34. SEX                        |                                  |  |
| 35. VET PREFERENCE<br>CODE  | 36. SERV COMP DATE<br>MO. DA. YR. | 37. LEAVE COMP DATE<br>MO. DA. YR.                    | 38. CAREER CATEGORY<br>CAR RES<br>PROG TEMP | 39. FEDERAL HEALTH INSURANCE<br>CODE CODE CODE<br>0-BS/PS<br>1-PS | 40. SOCIAL SECURITY NO                                |   |                                  |                                    |                                |                                  |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE  |                                   | 42. LEAVE CAT CODE                                    |   | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE                        |   | 44. STATE TAX DATA<br>FORM EXECUTED CODE              |                                  | 45. POSITION CONTROL CERTIFICATION |                                |                                  |  |
| 46. POSITION CONTROL CERTIFICATION<br>2/Kearney 02/05/65  |                                   | 47. OFF APPROVAL<br>[Signature]                       |   | 48. DATE APPROVED   |   |   |                                  |                                    |                                |                                  |  |

FORM 1152 USE PREVIOUS EDITION

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 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

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|--|--|--------------|
|   |  |              |
|  |  |              |
| NAME OF EMPLOYEE (Last-First-Middle)   | NAME AND RELATIONSHIP OF DEPENDENT*  | CLAIM NUMBER |
| Floron, Daniel   | Self   | 63-514       |
| <p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 September 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> |  |              |
| DATE OF NOTICE   | SIGNATURE OF BGD REPRESENTATIVE  |              |
| 12 JUN 1965  |  |              |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE   |  |              |

6 January 1965

MEMORANDUM FOR: Chief, CSPO

SUBJECT : Conversion to Part-Time Staff Employment  
Mr. Daniel Flores

1. Mr. Daniel Flores is an Intelligence Assistant, GS-07, assigned to the CI Staff of WH/SA. He is currently pursuing a program of studies in Government at the American University with special concentration on Latin American Affairs. To complete the major portion of his remaining requirements for the bachelor's degree, he is planning to attend the University full-time for a year. Any requirements still outstanding at the end of that period would be completed at night.

2. The employee's duties in the CI Staff involves the translation of [ ] messages received from and sent to [ ] assisting in the training of [ ] in [ ] and communications procedures, and miscellaneous support functions in the CI Branch. He has proved invaluable because he has native fluency in every-day Spanish and is familiar with [ ] and communication techniques, problems, and training procedures. In addition to Mr. Flores' utility for such cases as may arise in the future, he is personally acquainted with [ ] of the [ ] and with the numerous problems which constantly arise in their handling.

3. In view of the need for Mr. Flores' services, the Chief, CI Staff, has asked the employee if he would be willing to continue in his present capacity on a part-time basis. The employee has indicated that he would accept such an arrangement. It is accordingly requested that WH/SA be permitted to convert him from a full-time staff employee to one employed on a part-time, regular tour of duty basis. Subject would be utilized for a total of 18 hours per week, the maximum time that his school program will permit him to devote to Agency duties.

[ ]  
C/WH/Personnel

**SECRET**  
(When Filled In)

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>  |   |   |  | DATE PREPARED<br><b>22 July 1964</b>           |  |
| 1 SERIAL NUMBER<br><b>036130</b>   |   | 2 NAME (Last-First-Middle)<br><b>FLORES, Daniel</b>                   |  |  |  |
| 3 NATURE OF PERSONNEL ACTION<br><b>Reassignment</b>  |   |   | 4 EFFECTIVE DATE REQUESTED<br>MONTH <b>08</b> DAY <b>10</b> YEAR <b>64</b> |  | 5 CATEGORY OF EMPLOYMENT<br><b>Regular</b>           |
| 6 FUNDS<br>X V TO V      V TO CF<br>CF TO V      CF TO CF  |   |   | 7 COST CENTER NO. CHARGEABLE<br><b>5235-1162</b>                           |  | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |
| 9 ORGANIZATIONAL ASSIGNATIONS<br><b>DDP<br/>SAS<br/>Counter-Intell Staff<br/>Operations Section</b>  |   |   | 10 LOCATION OF OFFICIAL STATION<br><b>Wash., D.C.</b>                      |  |  |
| 11 POSITION TITLE<br><b>Intelligence Asst</b>  |   |   | 12 POSITION NUMBER<br><b>1130</b>  |  | 13 CAREER SERVICE DESIGNATION<br><b>D</b>            |
| 14 CLASSIFICATION OF SERVICE (G.S., E.R., etc.)<br><b>GS</b>   |   | 15 OCCUPATIONAL SERIES<br><b>0301.28</b>                              |  | 17 SALARY OR RATE<br><b>\$ 4850</b>            |  |
| 16 REMARKS<br><b>From: SAS No. 0922 trans 37F</b>  |   |   |  |  |  |
| DATE SIGNED<br><b>C/WH/Pers 27 Jul 64</b>  |   |   | 18 SIGNATURE OF CAREER SERVICE APPROVING OFFICER                           |  | DATE SIGNED<br><b>27 July 1964</b>                   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |   |  |  |  |
| 19 ACTION CODE<br><b>37</b>  | 20 EMPLOY CODE<br><b>10</b>             | 21 OFFICE CODING<br>NUMERIC <b>49150</b> ALPHABETIC <b>5235 75013</b> | 22 STATION CODE<br><b>1</b>  | 23 INTEGRATE CODE<br><b>1</b>                  | 24 HOURS CODE<br><b>1</b>                            |
| 25 DATE OF BIRTH<br>MO DA YR   | 26 DATE OF LEAVE<br>MO DA YR            | 27 DATE OF LIT<br>MO DA YR  | 28 CORRECTION LABEL/REVISION DATA<br>TYPE MO DA YR <b>EOD DATA</b>         |  |  |
| 29 SPECIAL ASSIGNMENT  | 30 DETACHMENT DATA<br>1-CM 2-FRE 3-BOSS | 31 SEPARATION DATA CODE   | 32 CAREER CATEGORY   | 33 HEALTH INSURANCE<br>CODE CODE 8-BEARS 1-YES | 34 SECURITY RFO NO                                   |
| 35 VET PREFERENCE<br>CODE 0 NONE 1-1 PT 1-10 PT  | 36 SALT COMP DATE<br>MO DA YR           | 37 LONG COMP DATE<br>MO DA YR   | 38 CIVIL PROB FLAG   | 39 SOCIAL SECURITY NO                          |  |
| 41 PREVIOUS ASSIGNMENT SERVICE DATA<br>CODE 0 NO PREVIOUS DATA 1 ON ORDER 2 VACANT 3 ORDER 4 LEAVE 5 (TS) TRANS 6 TRANS 7 ORDER 8 ORDER 9 ORDER 10 TRANS 1 TRANS |   | 42 LEAVE CAT CODE   | 43 FEDERAL TAX DATA<br>CODE CODE 1-YES 2-NO                                | 44 STATE TAX DATA<br>CODE CODE 1-YES 2-NO      | 45 STATE TAX DATA<br>CODE CODE 1-YES 2-NO            |
| 46 POSITION (FEDERAL) IDENTIFICATION<br><b>27 Jul 64</b>   |   |   | 47 OFFICE APPROVAL<br>DATE APPROVED<br><b>27 July 1964</b>                 |  |  |

Recorded by  
CSPD  
*[Signature]*

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19 December 1963

MEMORANDUM FOR: Clandestine Services,  
Career Services Panel

SUBJECT : Mr. Daniel Flores -  
Recommendation for Promotion

1. Mr. Flores has been with the Agency for about eighteen (18) months and has been a member of SAS since June 1963. During the six (6) months he has been with SAS he has demonstrated intelligence and initiative. In addition to his fulfilling his primary responsibility as a translator, he quickly picked up the knowledge and experience necessary for an Intelligence Assistant in the Operations Support Section. His duties and responsibilities accordingly have been broadened. He has demonstrated ability to function independently as a member of the Operations Support Staff. He is cooperative and has maintained a cheerful disposition under pressure and through many late hours and weekends of duty.

2. In view of his excellent performance in SAS, his intelligence and ability, and his growth potential for a career in CIA, I strongly recommend that he be promoted to GS-5 as soon as possible.

  
Chief, SAS/Intel J

APPROVAL RECOMMENDED

DESMOND FITZGERALD  
Chief, Special Affairs Staff



**SECRET**  
(When Filled In)

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |  |  |  | DATE PREPARED<br><b>23 April 1963</b>                 |   |
| 1. SERIAL NUMBER<br><b>036130</b>   |  | 2. NAME (Last-First-Middle)<br><b>FLORES, Daniel</b>               |  |   |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>  |  |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH <b>05</b> DAY <b>1</b> YEAR <b>63</b> |   | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b> |
| 6. FUNDS<br><div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> <b>I</b> V TO V<br/> <b>CF TO V</b> </div> </div>  |  | 7. COST CENTER NO. CHARGEABLE<br><b>3232-1000-1000</b>             |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP<br/>Special Affairs Staff<br/>Research Branch<br/>Reports, Records, Translation Section</b>  |  |  | 10. LOCATION OF OFFICIAL STATION<br><b>Washington, D.C.</b>                |   |   |
| 11. POSITION TITLE<br><b>TRANSLATOR</b>   |  |  | 12. POSITION NUMBER<br><b>0702</b>   |   | 13. CAREER SERVICE DESIGNATION<br><b>D</b>  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>   |  | 15. OCCUPATIONAL SERIES<br><b>0031.01</b>                          |  | 16. GRADE AND STEP<br><b>04 (2)</b>                   |   |
| 17. SALARY OR RATE<br><b>\$ 4250</b>  |  |  |  |   |   |
| 18. REMARKS<br>From: DDP/OPSER/RID, Ref. Br. #0117.DC <i>Trans 9</i><br>CONCURRENCE: <i>[Signature]</i><br><i>Chief of Admin OPSERV/RID</i><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px; float: right;">Recorded by<br/>CSPD<br/><i>[Signature]</i></div> <div style="clear: both;"></div> |  |  |  |   |   |
| 19. DATE SIGNED<br><b>24 May 63</b>   |  |  | 20. SIGNATURE OF CAREER SERVICE APPROVING<br><i>[Signature]</i>            |   |   |
| 21. DATE SIGNED<br><b>1 May 63</b>  |  |  |  |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |  |   |   |
| 22. ACTION CODE<br><b>37 10</b>   |  | 23. SERVICE CODE NO.<br>NUMERIC <b>61350</b> ALPHABETIC <b>SAS</b> |  | 24. STATION CODE<br><b>75013</b>                      |   |
| 25. DATE CAP-101<br>MO. DA. YR.   |  | 26. SPECIAL REFERENCE<br>1 = CSC<br>2 = FICB<br>3 = Other          |  | 27. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 28. DATE OF CAP-101<br>MO. DA. YR.  |  | 29. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 30. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 31. DATE OF CAP-101<br>MO. DA. YR.  |  | 32. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 33. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 34. DATE OF CAP-101<br>MO. DA. YR.  |  | 35. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 36. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 37. DATE OF CAP-101<br>MO. DA. YR.  |  | 38. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 39. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 40. DATE OF CAP-101<br>MO. DA. YR.  |  | 41. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 42. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 43. DATE OF CAP-101<br>MO. DA. YR.  |  | 44. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 45. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 46. DATE OF CAP-101<br>MO. DA. YR.  |  | 47. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 48. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 49. DATE OF CAP-101<br>MO. DA. YR.  |  | 50. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 51. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 52. DATE OF CAP-101<br>MO. DA. YR.  |  | 53. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 54. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 55. DATE OF CAP-101<br>MO. DA. YR.  |  | 56. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 57. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 58. DATE OF CAP-101<br>MO. DA. YR.  |  | 59. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 60. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 61. DATE OF CAP-101<br>MO. DA. YR.  |  | 62. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 63. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 64. DATE OF CAP-101<br>MO. DA. YR.  |  | 65. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 66. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 67. DATE OF CAP-101<br>MO. DA. YR.  |  | 68. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 69. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 70. DATE OF CAP-101<br>MO. DA. YR.  |  | 71. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 72. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 73. DATE OF CAP-101<br>MO. DA. YR.  |  | 74. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 75. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 76. DATE OF CAP-101<br>MO. DA. YR.  |  | 77. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 78. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 79. DATE OF CAP-101<br>MO. DA. YR.  |  | 80. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 81. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 82. DATE OF CAP-101<br>MO. DA. YR.  |  | 83. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 84. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 85. DATE OF CAP-101<br>MO. DA. YR.  |  | 86. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 87. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 88. DATE OF CAP-101<br>MO. DA. YR.  |  | 89. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 90. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 91. DATE OF CAP-101<br>MO. DA. YR.  |  | 92. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 93. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 94. DATE OF CAP-101<br>MO. DA. YR.  |  | 95. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 96. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 97. DATE OF CAP-101<br>MO. DA. YR.  |  | 98. DATE OF CAP-101<br>MO. DA. YR.                                 |  | 99. DATE OF CAP-101<br>MO. DA. YR.                    |   |
| 100. DATE OF CAP-101<br>MO. DA. YR.   |  | 101. DATE OF CAP-101<br>MO. DA. YR.                                |  | 102. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 103. DATE OF CAP-101<br>MO. DA. YR.   |  | 104. DATE OF CAP-101<br>MO. DA. YR.                                |  | 105. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 106. DATE OF CAP-101<br>MO. DA. YR.   |  | 107. DATE OF CAP-101<br>MO. DA. YR.                                |  | 108. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 109. DATE OF CAP-101<br>MO. DA. YR.   |  | 110. DATE OF CAP-101<br>MO. DA. YR.                                |  | 111. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 112. DATE OF CAP-101<br>MO. DA. YR.   |  | 113. DATE OF CAP-101<br>MO. DA. YR.                                |  | 114. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 115. DATE OF CAP-101<br>MO. DA. YR.   |  | 116. DATE OF CAP-101<br>MO. DA. YR.                                |  | 117. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 118. DATE OF CAP-101<br>MO. DA. YR.   |  | 119. DATE OF CAP-101<br>MO. DA. YR.                                |  | 120. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 121. DATE OF CAP-101<br>MO. DA. YR.   |  | 122. DATE OF CAP-101<br>MO. DA. YR.                                |  | 123. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 124. DATE OF CAP-101<br>MO. DA. YR.   |  | 125. DATE OF CAP-101<br>MO. DA. YR.                                |  | 126. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 127. DATE OF CAP-101<br>MO. DA. YR.   |  | 128. DATE OF CAP-101<br>MO. DA. YR.                                |  | 129. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 130. DATE OF CAP-101<br>MO. DA. YR.   |  | 131. DATE OF CAP-101<br>MO. DA. YR.                                |  | 132. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 133. DATE OF CAP-101<br>MO. DA. YR.   |  | 134. DATE OF CAP-101<br>MO. DA. YR.                                |  | 135. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 136. DATE OF CAP-101<br>MO. DA. YR.   |  | 137. DATE OF CAP-101<br>MO. DA. YR.                                |  | 138. DATE OF CAP-101<br>MO. DA. YR.                   |   |
| 139. DATE OF CAP-101<br>MO. DA. YR.   |  | 140. DATE OF CAP-101<br>MO. DA. YR.                                |  | 141. DATE OF CAP-101<br>MO. DA. YR.                   |   |
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| 298. DATE OF CAP-101<br>MO. DA. YR.   |  | 299. DATE OF CAP-101<br>MO. DA. YR.                                |  | 300. DATE OF CAP-101<br>MO. DA. YR.                   |   |

FORM 1152 PREVIOUS EDITIONS OBSOLETE  
GPO 1962 O-588-1152

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

**SECRET**  
(When Filled In)

|  |                                 |  |  |   |   |                             |  |
|--|---------------------------------|--|--|---|---|-----------------------------|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>  |                                 |  |  |   | DATE PREPARED<br>25 September 1961                    |                             |  |
| 1. SERIAL NUMBER<br>15610  |                                 | 2. NAME (Last-First-Middle)<br>FLORES Daniel |  |   |   |                             |  |
| 3. NATURE OF PERSONNEL ACTION<br>Excepted Appointment  |                                 |  | 4. EFFECTIVE DATE REQUESTED<br>03/11/62          |   | 5. CATEGORY OF EMPLOYMENT<br>Regular                  |                             |  |
| 6. FUNDS<br>X V TO V<br>CF TO V  |                                 |  | 7. COST CENTER NO. CHARGEABLE<br>2226 1200 1000  |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |                             |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP OPSER<br>R I DIV<br>Reference Branch<br>Index Section - Night Shift  |                                 |  | 10. LOCATION OF OFFICIAL STATION<br>Wash., D. C. |   |   |                             |  |
| 11. POSITION TITLE<br>File Clerk   |                                 |  | 12. POSITION NUMBER<br>0147                      |   | 13. CAREER SERVICE DESIGNATION<br>D                   |                             |  |
| 14. CLASSIFICATION SCHEDULE (GS, LR, etc.)<br>GS   |                                 | 15. OCCUPATIONAL SERIES<br>0305.01           |  | 16. GRADE AND STEP<br>04 1                        |   | 17. SALARY OR RATE<br>4040  |  |
| 18. REMARKS<br>Regular tour of duty 3:30 PM to 12:00 PM daily/<br><br>Subject to trial period and medical<br><div style="float: right; border: 1px solid black; padding: 5px; text-align: center;">Recommended by<br/>COLD</div> |                                 |  |  |   |   |                             |  |
| 19. SIGNATURE OF REQUESTING OFFICIAL<br>Walter H. Brown<br>Chief, RID/ADM.   |                                 |  |  | 20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER |   |                             |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                                 |  |  |   |   |                             |  |
| 21. ACTION CODE<br>11  | 22. EMPLOY CODE<br>10           | 23. OFFICE CODE<br>39400                     | 24. STATION CODE<br>RI                           | 25. DATE OF ACTION<br>03/11/62                    | 26. DATE OF GRANT<br>03/11/62                         | 27. DATE OF 15.<br>03/11/62 |  |
| 28. DATE EMP RES<br>03/11/62   | 29. SPECIAL REFERENCE<br>1      | 30. SET REMOTE DATA<br>1                     | 31. SEPARATION DATA CODE<br>1                    | 32. REJECTION/CANCELLATION DATA<br>FOD DATA       | 33. SECURITY NO. NO.<br>07100                         | 34. SER<br>M1               |  |
| 35. VET. PREFERENCE<br>C   | 36. SER. COMP. DATE<br>03/11/62 | 37. ANCL. COMP. DATE<br>03/11/62             | 38. M.I. SING. DATA CODE<br>1                    | 39. FGL. / HEALTH<br>1                            | 40. SOCIAL SECURITY NO.<br>460-48-6230                |                             |  |
| 41. PREVIOUS EMPLOYMENT SERVICE DATA<br>0  | 42. FORM EXCLUDED<br>1          | 43. FORM EXCLUDED<br>1                       | 44. FORM EXCLUDED<br>1                           | 45. FORM EXCLUDED<br>1                            | 46. FORM EXCLUDED<br>1                                | 47. FORM EXCLUDED<br>1      |  |
| 48. POSITION CONTROL CERTIFICATION<br>03-12-62   |                                 |  |  | 49. O.P. APPROVAL                                 |   |                             |  |

14 February 1962

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

We are pleased to inform you that your appointment with this Agency has been approved at Grade GS-4, salary \$4040.00 per annum, as Clerk.

Your permanent employment will depend upon the completion of the following processing at the time of entering on duty: taking the oath of office, signing a loyalty affidavit, participating in a final security interview. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment.

We hope you will be able to join us at an early date. Please dial 351-2781 and ask for Mrs. Shirley Wells, as soon as possible, in order to arrange an entrance-on-duty date. We would appreciate your selecting a Monday.

Please report to the Receptionist at 1016 - 16th Street, N. W., Room 201 at 8:15 a.m. and ask for Mrs. Wells on the reporting for duty date that you establish with this office. This address is located on 16th Street between K and L Streets opposite Hotel Statler.

Your gross earnings will be subject to deductions for Federal income tax and 6 1/2 percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance, which will be discussed with you at the time of your entrance on duty, are available to Federal civilian employees. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

You will not receive a pay check for approximately four weeks after your entrance on duty.

If you have any problems, Mrs. Wells will be glad to discuss them with you when you call.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres/mjt  
File sent to: Shirley Wells

26 January 1962

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

Processing of your application for employment with this Agency is continuing. Please advise us if any circumstance should arise which might affect your interest in a position with us.

Your continued interest and patience are appreciated.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres/sjm  
File sent to: Wells

20 October 1961

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

In connection with your application with this Agency, it will be necessary for you to come to our Medical Office in Central Building, 2430 E Street, N. W., for a pre-employment medical examination which will include determination of physical health and emotional stability.

An appointment may be scheduled by dialing 351-2781 and asking for Mrs. Shirley Wells.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres/cor  
file sent to shirley wells

12 October 1961

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

Your application for employment with this Agency has been reviewed with interest and the processing of your case has been initiated for a full-time position on the 3:30 p.m. to 12:00 p.m. shift at Grade GS-4, salary \$4040.00 per annum, plus a ten percent night differential for the hours from 6:00 p.m. to 12:00 p.m., as Clerk.

Your final appointment is dependent upon a number of factors including character and reference investigations, and other processing procedures which may require as long as 120 days. You may be sure that this processing is being accomplished as rapidly as possible.

During this period please notify us of any changes in your present status such as change in address, employment, marital status, etc. If you cannot accept the position or if you have any questions concerning your application, you should write to Mrs. Shirley Wells.

Members of this Agency are entitled to the regular United States Government leave and retirement benefits. Our salaries conform to the rates prescribed by Congress for United States Government agencies.

Thank you for your cooperation and patience during this waiting period.

Very truly yours,

A. D. Echols  
Director of Personnel

OP/Corres/car  
file sent to shirley wells

**SECRET**  
(When Filled In)

| REQUEST FOR SECURITY CLEARANCE   |  |  |  | REQUEST NO. (1-51)<br><b>07:00</b>  |   |
|--|--|--|--|---|---|
| NAME (LAST, FIRST, MIDDLE)<br><b>FLORES, DANIEL</b>  |  |  |  | REQUEST DATE (10-11)<br><b>6 October 1961</b>   |   |
| POSITION TITLE<br><b>FILE CLERK</b>  |  |  |  | POSITION NUMBER (31 - 33)<br><b>0117</b>  | OCCUP. CODE (37 - 43)<br><b>0304.01</b> |
| LOCATION (CITY, STATE, COUNTRY)<br><b>WASHINGTON, D. C.</b>  |  |  |  | ASSIGNMENT (OFFICE, DIVISION, BRANCH)<br><b>DDP/OTSER</b>   |   |
| TYPE OF APPLICANT<br><input checked="" type="checkbox"/> REGULAR<br><input type="checkbox"/> CONTRACT<br><input type="checkbox"/> MILITARY |  |  |  | CONVERSION ACTION<br><input type="checkbox"/> IF OTHER, SPECIFY:  |   |
| NAME OF REQUESTER (OR OFFICIAL)  |  |  |  | TYPE OF ASSIGNMENT AND FUND<br><input checked="" type="checkbox"/> HQS <input type="checkbox"/> USF <input type="checkbox"/> PF <input checked="" type="checkbox"/> V <input type="checkbox"/> UV |   |
| CLEARANCE REQUIRED<br><input type="checkbox"/> PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP)  |  |  |  | SECRET<br><input checked="" type="checkbox"/> FULL  |   |
| ATTACHMENTS<br><input checked="" type="checkbox"/> PERSONAL HISTORY STATEMENT<br><input checked="" type="checkbox"/> PHOTOGRAPHIC          |  |  |  | REQUEST FOR WAIVER<br><input checked="" type="checkbox"/> REPORT OF INTERVIEW   |   |
| VETERANS STATUS<br><input checked="" type="checkbox"/> MALE - VETERAN<br><input type="checkbox"/> MALE - NON-VETERAN                       |  |  |  | RECRUIT CODE (52-54)<br><b>105</b>  |   |
|  |  |  |  | VEY PREP. & GEN (59)<br><b>3</b>  |   |

PULL REQUESTED 6 October 1961

Regular tour of duty 3:30 PM to 12:00 PM daily.

1 - SO  
1 - OTF

SPACE BELOW FOR OS USE ONLY



15 September 1961

Mr. Daniel Flores  
Apartment 203  
2828 Connecticut Avenue, N. W.  
Washington 8, D. C.

Dear Mr. Flores:

Appropriate members of our staff are reviewing your application for employment to determine whether we have a position available for a person of your qualifications. Although we cannot predict the length of time needed for this review, every effort will be made to reach an early decision. We will keep you as fully informed as possible regarding the status of your case.

Very truly yours,

E. D. Echols  
Director of Personnel

OP/Corres-bt  
file sent to Mr.

**CONFIDENTIAL**  
(When Filled In)

|   |  |   |                             |
|---|--|---|-----------------------------|
| <b>REPORT OF INTERVIEW</b>  |  | <b>DATE OF INTERVIEW</b><br>21 August 1961        | <b>SOURCE</b><br>gon info   |
| <b>CANDIDATE (Last, First, Middle)</b><br>Flores, Daniel  |  | <b>PLACE OF BIRTH</b><br>San Marcos, Texas        | <b>DATE OF BIRTH</b><br>[ ] |
| <b>TEMPORARY ADDRESS</b><br>[ ]   |  | <b>PHONE</b><br>[ ]                               |                             |
| <b>PERMANENT ADDRESS</b><br>[ ] Washington, D.C.  |  | <b>PHONE</b><br>265-8322                          |                             |
| <b>BUSINESS ADDRESS</b><br>[ ]  |  | <b>PHONE</b><br>[ ]                               |                             |
| <b>PLACE OF INTERVIEW</b><br>15th St  |  | <b>DATE AVAILABLE</b><br>Immediately on clearance |                             |
| <b>RIEM (Office, serial)</b><br>RI clerk 3:30-midnight  |  | <b>GS- L</b>                                      | <b>TESTS</b><br>SET         |
| <p align="right">19-32-33-84</p> <p>Mr. Flores had just been recently released from active duty with the USMC when he came in for interview. He has served two tours which included Security guard Embassy duty in Peru and Bolivia. His wife was formerly stationed at the Embassy with Dept. of State. He appears to be a mature young man, clean cut, neat appearance, dark complexion and coloring. He is planning to continue his college education at C.U. and is available to work the 3:30 - midnight RI shift. A clerical position at the GS-L level was discussed in the interview. His wife is a secretary with a law firm in town; they have no children.</p> <p><b>ANEX</b></p> <p>Mr. Flores is in excellent health and had a very good record with the Marine Corps. Known of nothing in his background that would be unfavorable in event of reference check. At initial interview he stated that he had no foreign connections, however, after contacting his family in Texas it was determined that his step-mother was born in Mexico and although she came to the US in 1922, she has never become a US citizen.</p> <p>Full clearance.</p> |  |   |                             |
| <b>DATE SENT TO HQ:</b><br>8 5 -t 61  |  | <b>INTERVIEWER:</b><br>Joy Cooney                 |                             |

FORM 1-60 1667a

**CONFIDENTIAL**

10-001

## CENTRAL INTELLIGENCE AGENCY

WASHINGTON 25, D. C.

Applicant Information  
Sheet No. 1

To all persons applying for employment  
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

### General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:
  - a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
  - b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
  - c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
  - d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
  - e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

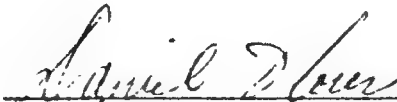
3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

SIGNED at Washington, D. C., this 15th day of September, 1961.

  
(Signature of Applicant)  
Daniel Flores

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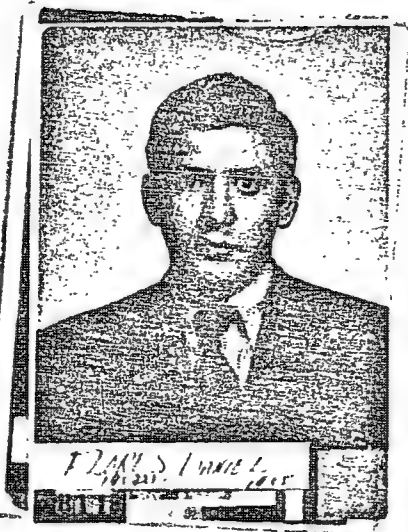
REPRODUCTION MASTERS

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BIOGRAPHIC PROFILE

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H a n d l e   W i t h   C a r e



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| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP   |                                     |   |   | DATE            | FILE NO.  |
|--|-------------------------------------|---|---|-----------------|---|
|  |                                     |   |   | 6 OCTOBER 75    | 15075   |
| TO:<br>(CPC/3)   | <input checked="" type="checkbox"/> | CHIEF, CONTROL DIVISION, OP                         |   | SS NUMBER       |   |
|  |                                     | CHIEF, CONTRACT PERSONNEL DIVISION, OP              |   | EMPLOYEE NUMBER |   |
|  | <input checked="" type="checkbox"/> | CHIEF, (OPERATING COMPONENT FOR ACTION)<br>ATTN: LA |   | ID CARD NUMBER  |   |
| REF. Form 1522 Dated 18 Aug 75   |                                     |   |   | OFFICIAL COVER  | <input checked="" type="checkbox"/> ESTABLISHED<br><input type="checkbox"/> CANCELLED |
| STATUS   |                                     | <input checked="" type="checkbox"/> STAFF           | <input type="checkbox"/> CONTRACT   | UNIT            |   |
| SUBJECT  |                                     |   |   |                 |   |
| <p align="center"><b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b></p>   |                                     |   |   |                 |   |
| ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)  |                                     |   | CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)  |                 |   |
| <input checked="" type="checkbox"/> BASIC COVER PROVIDED<br>EFFECTIVE DATE <u>60D</u>  |                                     |   | EFFECTIVE DATE:   |                 |   |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED<br>FOR <u>TOY</u> OTHER (Specify)  |                                     |   | SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED (HNB 20-7)   |                 |   |
| <input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>3</u> (HNB 20-7)  |                                     |   | SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>3</u> (HNB 20-7)   |                 |   |
| <input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)  |                                     |   | <input type="checkbox"/> EAA CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/> |                 |   |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)  |                                     |   | RETURN ALL OFFICIAL DOCUMENTATION TO CCS  |                 |   |
| <input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)  |                                     |   | SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD.   |                 |   |
| <input checked="" type="checkbox"/> EAA CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>  |                                     |   | <p align="center">DO NOT WRITE IN THIS BLOCK</p>  |                 |   |
| <input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD   |                                     |   |   |                 |   |
| <p>FOR INFORMATION:</p> <p>FORM 1522 - 10-10-75</p> <p>FORM 1522 - 20-10-75</p> <p>FORM 1522 - 30-10-75</p> <p>FORM 1522 - 40-10-75</p> <p>FORM 1522 - 50-10-75</p> <p>FORM 1522 - 60-10-75</p> <p>FORM 1522 - 70-10-75</p> <p>FORM 1522 - 80-10-75</p> <p>FORM 1522 - 90-10-75</p> <p>FORM 1522 - 100-10-75</p> |                                     |   |   |                 |   |

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|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION<br>OF OFFICIAL COVER BACKSTOP  |  |  |  |  |  | DATE<br><b>23 APRIL 1974</b>  |  | FILE NO.<br><b>15675</b>                        |  |
| <input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP  |  |  |  |  |  |   |  |   |  |
| TO:<br>(check) <input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP  |  |  |  |  |  | EMPLOYEE NUMBER<br><b>036130</b>  |  |   |  |
| <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH   |  |  |  |  |  | ID CARD NUMBER  |  |   |  |
| ATTN: CHIEF SUPPORT STAFF  |  |  |  |  |  | OFFICIAL COVER  |  | <input checked="" type="checkbox"/> ESTABLISHED |  |
| REF: FORM 2458, DATED 16 JANUARY 1974  |  |  |  |  |  |   |  | <input type="checkbox"/> DISCONTINUED           |  |
| SUBJECT<br><b>DANIEL FLORES</b>  |  |  |  |  |  | UNIT<br><div style="border: 1px solid black; height: 20px;"></div>                  |  |   |  |
| <b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>   |  |  |  |  |  |   |  |   |  |
| <input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS  |  |  |  |  |  | CANCELLATION OF OFFICIAL COVER UNLOCK RECORDS<br>EFFECTIVE DATE:                    |  |   |  |
| <input checked="" type="checkbox"/> BASIC COVER PROVIDED EOD<br>EFFECTIVE DATE   |  |  |  |  |  | SUBMIT FORM 1322-2 N-2<br>TO BE ISSUED: <b>1 MAR 74</b>                             |  |   |  |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED<br>FOR TOY OTHER (Specify)   |  |  |  |  |  | SUBMIT FORM 1322 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY |  |   |  |
| SUBMIT FORM 1322 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY <b>4</b><br>(HRB 340-7)  |  |  |  |  |  | EAA: CATEGORY I CATEGORY II   |  |   |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322-2<br>(HRB 340-11)   |  |  |  |  |  | MUST REMAIN   |  |   |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR CHANGING TELEPHONE<br>COVER. (HRB 340-20)   |  |  |  |  |  | ON TOP OF FILE  |  |   |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR TRANSFERRING COVER<br>RESPONSIBILITY. (HRB 340-20)  |  |  |  |  |  |   |  |   |  |
| <input checked="" type="checkbox"/> EAA, CATEGORY I CATEGORY II <input checked="" type="checkbox"/>  |  |  |  |  |  |   |  |   |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 2088 FOR AGE HOSPITALIZATION CARD  |  |  |  |  |  |   |  |   |  |
| REMARKS AND COVER HISTORY  |  |  |  |  |  |   |  |   |  |
|  |  |  |  |  |  |   |  |   |  |
|  |  |  |  |  |  |   |  |   |  |
| DISTRIBUTION DATA<br>PAGE 1 OF 1<br>PAGE 2 OF 1<br>PAGE 3 OF 1<br>PAGE 4 OF 1<br>PAGE 5 OF 1<br>PAGE 6 OF 1<br>PAGE 7 OF 1<br>PAGE 8 OF 1<br>PAGE 9 OF 1<br>PAGE 10 OF 1 |  |  |  |  |  | JOP<br>EP:BP  |  |   |  |

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| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP  |   |   |   | DATE  |  |
|---|---|---|---|---|--|
|   |   |   |   | 27 November 1967  |  |
| TO: (CCS-41)  | <input checked="" type="checkbox"/>                                 | CHIEF, PERSONNEL OPERATIONS DIVISION    |   | FILE NUMBER   |  |
|   | <input checked="" type="checkbox"/>                                 | CHIEF, CONTRACT PERSONNEL DIVISION      |   | 15675   |  |
|   | <input checked="" type="checkbox"/>                                 | CHIEF, OPERATING COMPONENT (For action) |   | EMPLOYEE NUMBER   |  |
|   |   |   |   | 036130  |  |
|   |   |   |   | ID CARD NUMBER  |  |
|   |   |   |   | 155/  |  |
| ATTN: Mr. [REDACTED]  |   |   | OFFICIAL COVER  | <input checked="" type="checkbox"/> BACKSTOP ESTABLISHED  |  |
| REF: Verbal Request   |   |   |   | <input type="checkbox"/> DISCONTINUED                     |  |
| SUBJECT   |   |   | UNIT  |   |  |
| <input checked="" type="checkbox"/> FLORES, Daniel (NMI)  |   |   | [REDACTED]  |   |  |
| <b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>  |   |   |   |   |  |
| <input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (opmno 20-800-11)   |   |   | <input type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (opmno 20-800-11) |   |  |
| A. TEMPORARILY FOR _____ DAYS   |   |   | DATE (as of COB)  |   |  |
| EFFECTIVE DATE COB _____  |   |   |   |   |  |
| B. CONTINUING <del>XXXXXX</del> 3 Dec 67  |   |   |   |   |  |
| <input checked="" type="checkbox"/>   | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)           |   | <input type="checkbox"/>  | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7) |  |
| <input checked="" type="checkbox"/>   | ASCERTAIN THAT [REDACTED] W-2 BEING ISSUED. (HB 20-661-1)           |   | <input type="checkbox"/>  | RETURN ALL OFFICIAL DOCUMENTATION TO CCS.                 |  |
| <input checked="" type="checkbox"/>   | SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2a)   |   | DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY                                    |   |  |
| <input checked="" type="checkbox"/>   | SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2a) |   |   |   |  |
| <input type="checkbox"/>  | CONCUR IN ISSUANCE  | AGE HOSPITALIZATION CARD                |   |   |  |
| <input type="checkbox"/>  |   | NACS HOSPITALIZATION CARD               |   |   |  |
| REMARKS AND/OR COVER HISTORY  |   |   |   |   |  |
| Nar 62 - Dec 62 Overt   |   |   |   |   |  |
| [REDACTED]  |   |   |   |   |  |
| EDF/ [REDACTED]   |   |   |   |   |  |
| DISTRIBUTION: (copy 1 - POC)<br>1000 2 - OPERATING COMPONENT<br>1000 2 - [REDACTED]<br>1000 2 - [REDACTED]<br>1000 2 - [REDACTED]<br>1000 2 - [REDACTED]<br>1000 2 - [REDACTED] |   |   | [Signature]<br>CHIEF, OPERATING COMPONENT   |   |  |

FORM 1551 1551 AND 1551B DURING 1967

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"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12165 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 OCTOBER 1979

| NAME          | ID NUMBER | ORG. | SCH-GR-STEP | NEW SALARY |
|---------------|-----------|------|-------------|------------|
| FLCRES DANIEL | 0036130   | LA   | GS 13 3     | \$31,333   |

5656

|  |      |               |                |                    |      |          |                |                |     |
|--|------|---------------|----------------|--------------------|------|----------|----------------|----------------|-----|
| 1. SERIAL NO.  |      | 2. NAME       |                | 3. ORGANIZATION    |      | 4. FUNDS |                | 5. LWOP HOURS  |     |
| 036130   |      | FLCRES DANIEL |                | LA                 |      |          |                |                |     |
| 6. OLD SALARY RATE   |      |               |                | 7. NEW SALARY RATE |      |          |                | 8. TYPE ACTION |     |
| Grade  | Step | Salary        | Last Eff. Date | Grade              | Step | Salary   | Effective Date | WGI            | QSI |
| GS   | 13   | \$28,333      | 08/28/79       | GS                 | 13   | \$31,333 | 10/07/79       |                |     |
| CERTIFICATION AND AUTHENTICATION   |      |               |                |                    |      |          |                |                |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE   |      |               |                |                    |      |          |                |                |     |
| SIGNATURE  |      |               |                |                    |      | DATE     |                |                |     |
| <input type="checkbox"/> PRO EXCESS LWOP<br><input type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |               |                |                    |      |          |                |                |     |
| EMPLOYEE'S INITIALS: <b>HEFLCRES</b>   |      |               |                |                    |      |          |                |                |     |
| FORM 1071 5601 <b>PAY CHANGE NOTIFICATION</b>  |      |               |                |                    |      |          |                |                |     |

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03/54/80

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L48 304 015

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12067 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 6 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 06 OCTOBER 1978

| NAME          | ID NUMBER | ORG. | SCH-GR-STEP | NEW SALARY |
|---------------|-----------|------|-------------|------------|
| FLORES DANIEL | 0036130   | LA   | GS 13 2     | \$28,368   |

5678

|   |      |               |                |                                   |      |          |                |                 |     |
|---|------|---------------|----------------|-----------------------------------|------|----------|----------------|-----------------|-----|
| 1. SERIAL NO.   |      | 2. NAME       |                | 3. ORGANIZATION                   |      | 4. TUNES |                | 5. STEP HOURS   |     |
| 0036130   |      | FLORES DANIEL |                | 91 620                            |      |          |                |                 |     |
| 6. OLD SALARY RATE  |      |               |                | 7. NEW SALARY RATE                |      |          |                | 8. TIME ADJUST. |     |
| Grade   | Step | Salary        | Effective Date | Grade                             | Step | Salary   | Effective Date | WST             | OSI |
| GS 13   | 2    | \$28,368      | 01/29/78       | GS 13                             | 3    | \$29,265 | 01/28/79       |                 |     |
| CERTIFICATION AND AUTHENTICATION  |      |               |                |                                   |      |          |                |                 |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE  |      |               |                |                                   |      |          |                |                 |     |
| SIGNATURE   |      |               |                | DATE                              |      |          |                |                 |     |
|   |      |               |                | 11/27/78                          |      |          |                |                 |     |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |               |                |                                   |      |          |                |                 |     |
|   |      |               |                | AUTHORIZED BY: <i>[Signature]</i> |      |          |                |                 |     |
| FORM 10-71 5601 PAY CHANGE NOTIFICATION   |      |               |                |                                   |      |          |                |                 |     |

SEA 021078

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |  |                             |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
|--|--|-----------------------------|--|--------------------------------|--|--------------------------------------|--------------|----------------------------------|---------------------------------|--------------------------------------|--|-------------------|--|-------------------|--|-----------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| 036130   |  | FLORES DANIEL               |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION  |  |                             |  |                                |  | 4. EFFECTIVE DATE                    |              |                                  | 5. CATEGORY OF EMPLOYMENT       |                                      |  |                   |  |                   |  |                 |  |
| REASSIGNMENT   |  |                             |  |                                |  | 02 11 78                             |              |                                  | REGULAR                         |                                      |  |                   |  |                   |  |                 |  |
| 6. FUNDS   |  | V TO V                      |  | V TO CF                        |  | 7. TAN AND NSCA                      |              |                                  | 8. USC OR OTHER LEGAL AUTHORITY |                                      |  |                   |  |                   |  |                 |  |
| CF TO V  |  | CF TO CF                    |  | 8035 0990 0000                 |  |                                      | 50 USC 403 J |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS   |  |                             |  |                                |  | 10. LOCATION OF OFFICIAL STATION     |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| DDO/LA DIVISION<br>FOREIGN FIELD<br>[REDACTED] STATION<br>[REDACTED] BRANCH  |  |                             |  |                                |  | [REDACTED]                           |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| 11. POSITION TITLE   |  |                             |  |                                |  | 12. POSITION NUMBER                  |              |                                  | 13. SERVICE DESIGNATION         |                                      |  |                   |  |                   |  |                 |  |
| OPERATIONS OFFICER   |  |                             |  |                                |  | GK76                                 |              |                                  | DRG                             |                                      |  |                   |  |                   |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, WP, etc.)   |  |                             |  | 15. OCCUPATIONAL SERIES        |  | 16. GRADE AND STEP                   |              |                                  | 17. SALARY OR RATE              |                                      |  |                   |  |                   |  |                 |  |
| GS   |  |                             |  | 0136.01                        |  | 13 2                                 |              |                                  | 26689                           |                                      |  |                   |  |                   |  |                 |  |
| 18. REMARKS  |  |                             |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
|  |  |                             |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                             |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING              |  | 22. STATION CODE                     |              | 23. INTERAGENCY CODE             |                                 | 24. HOURS CODE                       |  | 25. DATE OF BIRTH |  | 26. DATE OF GRADE |  | 27. DATE OF LEI |  |
| 37   |  | 10                          |  | NUMERIC ALPHABETIC<br>51620 LA |  | 45075                                |              |                                  |                                 | 3                                    |  | MO DA YR          |  | MO DA YR          |  | MO DA YR        |  |
| 28. NTE EXPIRES  |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA            |  | 31. SEPARATION DATA CODE             |              | 32. CORRECTION/CANCELLATION DATA |                                 | 33. SECURITY REQ NO                  |  | 34. SEX           |  |                   |  |                 |  |
| MO DA YR   |  |                             |  | CSC<br>CIA<br>P/A<br>INFA      |  | CODE                                 |              | TYPE MO DA YR                    |                                 |                                      |  |                   |  |                   |  |                 |  |
| 35. VET PREFERENCE   |  | 36. SERV COMP DATE          |  | 37. LONG COMP. DATE            |  | 38. CAREER CATEGORY                  |              | 39. FECLT / HEALTH INSURANCE     |                                 | 40. SOCIAL SECURITY NO               |  |                   |  |                   |  |                 |  |
| CCCA   |  | MO DA YR                    |  | MO DA YR                       |  | LAF BRV<br>BRUV BRV                  |              | CODE CODE                        |                                 | HEALTH INS CODE                      |  |                   |  |                   |  |                 |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE   |  |                             |  | 42. LEAVE CAT CODE             |  | 43. FEDERAL TAX DATA                 |              |                                  |                                 | 44. STATE TAX DATA                   |  |                   |  |                   |  |                 |  |
| CCCA   |  |                             |  | CODE                           |  | FORM EXEMPTED CODE NO TAX EXEMPTIONS |              |                                  |                                 | FORM EXEMPTED CODE NO TAX EXEMPTIONS |  |                   |  |                   |  |                 |  |
| 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE LESS THAN 2 YRS<br>3 BREAK IN SERVICE UNLESS THAN 2 YRS |  |                             |  |                                |  | 1 YES<br>2 NO                        |              |                                  |                                 | 1 YES<br>2 NO                        |  |                   |  |                   |  |                 |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                             |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |
|  |  |                             |  |                                |  |                                      |              |                                  |                                 |                                      |  |                   |  |                   |  |                 |  |

FORM 1150  
5 Feb 10 78Use Previous  
Edition

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SEA

82 APR 1978 C. BY 007822

All

L48 100 255

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

| NAME          | ID NUMBER | ORG. | SCH-GR-STEP | NEW<br>SALARY |
|---------------|-----------|------|-------------|---------------|
| FLCRES DANIEL | 0036130   | LA   | GS 13 1     | \$26,022      |
|               |           |      |             | 5927          |

CPD: 7 APR 77

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

|  |  |   |  |
|--|--|---|--|
| 1. SERIAL NUMBER<br><b>036130</b>  |  | 2. NAME (LAST FIRST MIDDLE)<br><b>FLORES DANIEL</b>   |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>REMOVAL FROM PARTICIPATION IN CIA<br/>RETIREMENT AND DISABILITY SYSTEM</b> |  |   | 4. EFFECTIVE DATE<br>MO DA YR<br><b>04 10 77</b>             |
|  |  |   | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>                  |
| 6. FUNDS   | V TO V<br>CF TO V                                      | V TO CF<br><b>X</b> CF TO CF  | 7. TAN AND NSCA<br><b>7135 4534 0000</b>                     |
|  |  | 8. CSC OR OTHER LEGAL AUTHORITY<br><b>PL 88-643 SECT. 203</b>   |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><br><b>DDO/LA DIVISION</b>   |  | 10. LOCATION OF OFFICIAL STATION<br><br><b>WASH., D.C.</b>  |  |
| 11. POSITION TITLE   |  | 12. POSITION NUMBER   | 13. SERVICE DESIGNATION<br><b>DQG</b>                        |
| 14. CLASSIFICATION SCHEDULE (U.S. L.B. #N)   | 15. OCCUPATIONAL SERIES                                | 16. GRADE AND STEP<br><b>13</b>   | 17. SALARY OR RATE   |
| 18. REMARKS  |  |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |   |  |
| 19. ACTION CODE  | 20. EMPLOY CODE  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC   | 22. STATION CODE   |
| 23. INTEGRAL CODE  | 24. HEALTH CODE  | 25. DATE OF BIRTH<br>MO DA YR   | 26. DATE OF GRADE<br>MO DA YR                                |
| 27. DATE OF LST<br>MO DA YR  | 28. NTE EXPIRES<br>MO DA YR                            | 29. SPECIAL REFERENCE   | 30. RETIREMENT DATA<br>1. CMC<br>2. CIA<br>3. FCA<br>4. NONE |
| 31. SEPARATION DATA CODE   | 32. CORRECTION / CANCELLATION DATA<br>TYPE MO DA YR    | 33. SECURITY REQ NO   | 34. SEX  |
| 35. VET PREFERENCE<br>CODE 0 NONE<br>1 5 PT<br>2 10 PT   | 36. SERV COMP DATE<br>MO DA YR                         | 37. LONG COMP DATE<br>MO DA YR  | 38. CAREER CATEGORY<br>CAB 2134<br>DRAV 2134                 |
| 39. FEGLI / HEALTH INSURANCE<br>CODE 0 / WAIVER<br>1 YES   | 40. SOCIAL SECURITY NO                                 | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE LESS THAN 3 YRS<br>3 BREAK IN SERVICE MORE THAN 3 YRS |  |
| 42. LEAVE CAT CODE   | 43. FEDERAL TAX DATA<br>FORM EXEMPTED<br>1 YES<br>2 NO | 44. STATE TAX DATA<br>FORM EXEMPTED<br>1 YES<br>2 NO  | 45. STATE TAX DATA<br>CODE NO TAX EXEMP STATE CODE           |
| SIGNATURE OR OTHER AUTHENTICATION<br><br>  |  |   |  |

FORM 1130  
5-6 May 70Use Previous  
Edition

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BE SUBJECTS OF CONTROL

PLF: 01 MAR 77

SECRET  
(When Filled In)

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| NOTIFICATION OF PERSONNEL ACTION                         |  |                            |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
|--|--|----------------------------|------------------------|---------------------|--|---------------------------------|--|---------------------------------|--|-----------------------|--|------------------|--|------------------|--|----------------|--|--|--|
| 1 SERIAL NUMBER  |  | 2 NAME (LAST-FIRST MIDDLE) |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| 036130   |  | FLORES DANIEL              |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| 3 NATURE OF PERSONNEL ACTION                             |  |                            |                        | 4 EFFECTIVE DATE    |  | 5 CATEGORY OF EMPLOYMENT        |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| REASSIGNMENT   |  |                            |                        | 02 26 77            |  | REGULAR                         |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| 6 FUNDS  |  | V TO V                     |                        | V TO CF             |  | 7 PAY AND NSCA                  |  | 8 CSC OR OTHER LEGAL AUTHORITY  |  |                       |  |                  |  |                  |  |                |  |  |  |
| CF TO V  |  | X                          |                        | CF TO CF            |  | 7135 4534 0000                  |  | 50 USC 403 J                    |  |                       |  |                  |  |                  |  |                |  |  |  |
| 9 ORGANIZATIONAL DESIGNATIONS                            |  |                            |                        |                     |  | 10 LOCATION OF OFFICIAL STATION |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| DDO/LA DIVISION<br>CUBA OPERATIONS GROUP<br>EA AREA      |  |                            |                        |                     |  | WASH., D.C.                     |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| 11 POSITION TITLE  |  |                            |                        |                     |  | 12 POSITION NUMBER              |  | 13 SERVICE DESIGNATION          |  |                       |  |                  |  |                  |  |                |  |  |  |
| OPERATIONS OFFICER                                       |  |                            |                        |                     |  | F535                            |  | D2G                             |  |                       |  |                  |  |                  |  |                |  |  |  |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.)                |  |                            | 15 OCCUPATIONAL SERIES |                     |  | 16 GRADE AND STEP               |  | 17 SALARY OR RATE               |  |                       |  |                  |  |                  |  |                |  |  |  |
| GS   |  |                            | 0136.01                |                     |  | 13 1                            |  | 24308                           |  |                       |  |                  |  |                  |  |                |  |  |  |
| 18 REMARKS   |  |                            |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
|  |  |                            |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                            |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| 19 ACTION CODE   |  | 20 EMPLOY CODE             |                        | 21 OFFICE CODING    |  | 22 STATION CODE                 |  | 23 INTEGRAL CODE                |  | 24 MONTHS CODE        |  | 25 DATE OF BIRTH |  | 26 DATE OF GRADE |  | 27 DATE OF LST |  |  |  |
| 37   |  | 10                         |                        | 51500 LA            |  | 75013                           |  | 1                               |  | 1                     |  | MO DA YR         |  | MO DA YR         |  | MO DA YR       |  |  |  |
| 28 NTE EXPIRES   |  | 29 SPECIAL REFERENCE       |                        | 30 RETIREMENT DATA  |  | 31 SEPARATION DATA CODE         |  | 32 CORRECTION/CANCELLATION DATA |  | 33 SECURITY REQ NO    |  | 34 SER           |  | EOD DATA         |  |                |  |  |  |
| MO DA YR   |  | 1 2 3 4 5                  |                        | 1 2 3 4 5           |  | 1 2 3 4 5                       |  | 1 2 3 4 5                       |  | 1 2 3 4 5             |  | 1 2 3 4 5        |  | 1 2 3 4 5        |  |                |  |  |  |
| 35 VET PREFERENCE  |  | 36 SERV COMP DATE          |                        | 37 LONG COMP DATE   |  | 38 CAREER CATEGORY              |  | 39 FEGLI / HEALTH INSURANCE     |  | 40 SOCIAL SECURITY NO |  |                  |  |                  |  |                |  |  |  |
| CODE   |  | MO DA YR                   |                        | MO DA YR            |  | LAB BRN SWP                     |  | CODE                            |  | 0 1 2 3 4 5           |  | HEALTH INS CODE  |  |                  |  |                |  |  |  |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE                  |  | 42 LEAVE CAT CODE          |                        | 43 FEDERAL TAX DATA |  | 44 STATE TAX DATA               |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
| CODE   |  | 1 2 3 4 5                  |                        | 1 2 3 4 5           |  | 1 2 3 4 5                       |  | 1 2 3 4 5                       |  | 1 2 3 4 5             |  | 1 2 3 4 5        |  | 1 2 3 4 5        |  |                |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                            |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |
|  |  |                            |                        |                     |  |                                 |  |                                 |  |                       |  |                  |  |                  |  |                |  |  |  |

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576 May 10 78Use Previous  
Edition

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88 AMPS 100 01 02 10 78 (10 51)

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SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
|--|-----------------|-----------------------------|-------|----------------------------------|-------------------|---------------------------|-------------------|---------------------------------|-------------------|
| 1. SERIAL NUMBER   |                 | 2. NAME (LAST FIRST MIDDLE) |       |                                  |                   |                           |                   |                                 |                   |
| 036130   |                 | FLORES DANIEL               |       |                                  |                   |                           |                   |                                 |                   |
| 3. NATURE OF PERSONNEL ACTION                            |                 |                             |       | 4. EFFECTIVE DATE                |                   | 5. CATEGORY OF EMPLOYMENT |                   |                                 |                   |
| PROMOTION  |                 |                             |       | 01 30 77                         |                   | REGULAR                   |                   |                                 |                   |
| 6. FUNDS   |                 | V TO V                      |       | V TO CF                          |                   | 7. PAY AND NSCA           |                   | 8. CAC OR OTHER LEGAL AUTHORITY |                   |
| CF TO V  |                 | X                           |       | CF TO CF                         |                   | 7135 4534 0000            |                   | 50 USC 403 J                    |                   |
| 9. ORGANIZATIONAL DESIGNATIONS                           |                 |                             |       | 10. LOCATION OF OFFICIAL STATION |                   |                           |                   |                                 |                   |
| DDO/LA DIVISION<br>CUBA OPERATIONS GROUP<br>WH AREA      |                 |                             |       | WASH., D.C.                      |                   |                           |                   |                                 |                   |
| 11. POSITION TITLE                                       |                 |                             |       | 12. POSITION NUMBER              |                   | 13. SERVICE DESIGNATION   |                   |                                 |                   |
| OPERATIONS OFFICER                                       |                 |                             |       | CG66                             |                   | DQG                       |                   |                                 |                   |
| 14. CLASSIFICATION (SCHEDULE GS, TS, etc.)               |                 | 15. OCCUPATIONAL SERIES     |       | 16. GRADE AND STEP               |                   | 17. SALARY OR RATE        |                   |                                 |                   |
| GS   |                 | 0136.01                     |       | 13 1                             |                   | 24308                     |                   |                                 |                   |
| 18. REMARKS  |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| 19. ACTION CODE  | 20. EMPLOY CODE | 21. OFFICE CODE             |       | 22. STATION CODE                 | 23. DISTRICT CODE | 24. PAYROLL CODE          | 25. DATE OF BIRTH | 26. DATE OF DEATH               | 27. DATE OF DEATH |
| 22   | 10              | 51500                       | 75013 |                                  |                   |                           | 01 30 77          | 01 30 77                        | 01 30 77          |
| 28. DATE OF BIRTH  |                 | 29. SPECIAL REFERENCE       |       | 30. RETIREMENT DATA              |                   | 31. SEPARATION DATA       |                   | 32. SOCIAL SECURITY DATA        |                   |
|  |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| 33. DATE OF DEATH  |                 | 34. DATE OF DEATH           |       | 35. DATE OF DEATH                |                   | 36. DATE OF DEATH         |                   | 37. DATE OF DEATH               |                   |
|  |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| 38. DATE OF DEATH  |                 | 39. DATE OF DEATH           |       | 40. DATE OF DEATH                |                   | 41. DATE OF DEATH         |                   | 42. DATE OF DEATH               |                   |
|  |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| 43. DATE OF DEATH  |                 | 44. DATE OF DEATH           |       | 45. DATE OF DEATH                |                   | 46. DATE OF DEATH         |                   | 47. DATE OF DEATH               |                   |
|  |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| 48. DATE OF DEATH  |                 | 49. DATE OF DEATH           |       | 50. DATE OF DEATH                |                   | 51. DATE OF DEATH         |                   | 52. DATE OF DEATH               |                   |
|  |                 |                             |       |                                  |                   |                           |                   |                                 |                   |
| SIGNATURE OF OFFICIAL AUTHORIZED                         |                 |                             |       |                                  |                   |                           |                   |                                 |                   |

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24-400 11-7624-400 11-76  
24-400 11-76

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| NOTIFICATION OF PERSONNEL ACTION                         |  |                          |                        |                         |  |                                 |  |                                |                   |                  |  |
|--|--|--------------------------|------------------------|-------------------------|--|---------------------------------|--|--------------------------------|-------------------|------------------|--|
| 1 SERIAL NUMBER  |  | 2 NAME LAST FIRST MIDDLE |                        |                         |  |                                 |  |                                |                   |                  |  |
| 036130   |  | FLORES DANIEL            |                        |                         |  |                                 |  |                                |                   |                  |  |
| 3 NATURE OF PERSONNEL ACTION                             |  |                          |                        |                         |  | 4 EFFECTIVE DATE                |  | 5 CATEGORY OF EMPLOYMENT       |                   |                  |  |
| REASSIGNMENT   |  |                          |                        |                         |  | 12 04 76                        |  | REGULAR                        |                   |                  |  |
| 6 FUNDS  |  | V TO V                   |                        | V TO CF                 |  | 7 TAN AND NSCA                  |  | 8 CSC OR OTHER LEGAL AUTHORITY |                   |                  |  |
| CF TO V  |  | X                        |                        | CF TO CF                |  | 7135 4534 0000                  |  | 50 USC 403 J                   |                   |                  |  |
| 9 ORGANIZATIONAL DESIGNATIONS                            |  |                          |                        |                         |  | 10 LOCATION OF OFFICIAL STATION |  |                                |                   |                  |  |
| DDO/LA DIVISION<br>CUBA OPERATIONS GROUP<br>WH AREA      |  |                          |                        |                         |  | WASH., D.C.                     |  |                                |                   |                  |  |
| 11 POSITION TITLE  |  |                          |                        |                         |  | 12 POSITION NUMBER              |  | 13 SERVICE DESIGNATION         |                   |                  |  |
| OPERATIONS OFFICER                                       |  |                          |                        |                         |  | CC67                            |  | DQG                            |                   |                  |  |
| 14 CLASSIFICATION SYMBOL (GS, IS, etc.)                  |  |                          | 15 OCCUPATIONAL SERIES |                         |  | 16 GRADE AND STEP               |  |                                | 17 SALARY OR RATE |                  |  |
| GS   |  |                          | 0136.01                |                         |  | 12.4                            |  |                                | 22485             |                  |  |
| 18 REMARKS   |  |                          |                        |                         |  |                                 |  |                                |                   |                  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                          |                        |                         |  |                                 |  |                                |                   |                  |  |
| 19 ACTION CODE   |  | 20 OFFICE CODE           |                        | 21 STATION CODE         |  | 22 INTEGRITY CODE               |  | 23 MAJOR CODE                  |                   | 24 DATE OF BIRTH |  |
| 37 10  |  | 515001 LA                |                        | 75013                   |  | 1                               |  | 1                              |                   | NO DA YB         |  |
| 25 DATE OF GRADE   |  | 26 DATE OF LEE           |                        | 27 SECURITY RISK NO     |  | 28 SEX                          |  | 29 SOCIAL SECURITY NO          |                   | 30               |  |
| NO DA YB   |  | NO DA YB                 |                        | NO DA YB                |  | NO DA YB                        |  | NO DA YB                       |                   | NO DA YB         |  |
| 31 SPECIAL REFERENCE                                     |  | 32 RETIREMENT DATA       |                        | 33 SEPARATION DATA CODE |  | 34 CORRECTION / CONVERSION DATA |  | 35                             |                   | 36               |  |
| NO DA YB   |  | NO DA YB                 |                        | NO DA YB                |  | NO DA YB                        |  | NO DA YB                       |                   | NO DA YB         |  |
| 37 PAY POINTS  |  | 38 SER. CLASS. DATE      |                        | 39 LONG COMP. DATE      |  | 40 CAREER CATEGORY              |  | 41 PRIOR HEALTH INSURANCE      |                   | 42               |  |
| NO DA YB   |  | NO DA YB                 |                        | NO DA YB                |  | NO DA YB                        |  | NO DA YB                       |                   | NO DA YB         |  |
| 43 FEDERAL GOVERNMENT SERVICE                            |  | 44 LEAVE CAT             |                        | 45 FEDERAL TAX DATA     |  | 46 STATE TAX DATA               |  | 47                             |                   | 48               |  |
| NO DA YB   |  | NO DA YB                 |                        | NO DA YB                |  | NO DA YB                        |  | NO DA YB                       |                   | NO DA YB         |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                          |                        |                         |  |                                 |  |                                |                   |                  |  |
| FROM GTH   |  |                          |                        |                         |  |                                 |  |                                |                   |                  |  |

PIF

| 1. SERIAL NO.   |      | 2. NAME         |                | 3. EMPLOYER'S ADDRESS |      | 4. CITY  |                | 5. STATE AND ZIP CODE |     |
|---|------|-----------------|----------------|-----------------------|------|----------|----------------|-----------------------|-----|
| J-1000  |      | JOHN J. PATRICK |                | 170 N. 3rd St.        |      | New York |                | NY 10001              |     |
| 6. OLD SALARY RATE  |      |                 |                | 7. NEW SALARY RATE    |      |          |                | 8. EFFECTIVE DATE     |     |
| Grade   | Step | Salary          | Effective Date | Grade                 | Step | Salary   | Effective Date | WOP                   | QSI |
| J-1   | 3    | \$10,000        | 11/15/79       | J-1                   | 4    | \$11,000 | 11/15/79       |                       |     |
| CERTIFICATION AND AUTHORIZATION   |      |                 |                |                       |      |          |                |                       |     |
| I CERTIFY THAT THE WORK OF THE ABOVE-NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE  |      |                 |                |                       |      |          |                |                       |     |
| SIGNATURE _____   |      |                 |                |                       |      |          | DATE _____     |                       |     |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                 |                |                       |      |          |                |                       |     |
| CURRS INITIALS <u>John Patrick</u> COMMENTS _____   |      |                 |                |                       |      |          |                |                       |     |
| FORM 10-73 560E Use previous editions <b>PAY CHANGE NOTIFICATION</b> (4-5)  |      |                 |                |                       |      |          |                |                       |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF FCRA AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND FCJ EFFECTIVE DATED 8 OCTOBER 1982."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 10 OCTOBER 1970

ADAF  
FELT'S, CALIF

514111 (WHA. FILE: CF-514111)  
 020130 17 DEC 64 05 12 3

AFB  
SABBY  
JUL 10 1964

NRK: 19 JULY 76

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                                      |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
|---|--|-----------------------------|-------------------------|-------------------|--|----------------------------------|--|---------------------------------|--------------------|-------------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE) |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 33613   |  | FLORES DANIEL               |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |                         |                   |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT       |                    |                   |  |
| REASSIGNMENT - CHANGE OF FUNCTIONAL CATEGORY                          |  |                             |                         |                   |  | NO DA YR<br>26 21 76             |  | REGULAR                         |                    |                   |  |
| 6. FUNDS  |  | V TO V                      |                         | V TO CF           |  | 7. TAN AND NSCA                  |  | 8. CSC OR OTHER LEGAL AUTHORITY |                    |                   |  |
| CF TO V   |  | X                           |                         | CF TO CF          |  | T175 3011 1976                   |  | 50 USC 433 J                    |                    |                   |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                             |                         |                   |  | 10. LOCATION OF OFFICIAL STATION |  |                                 |                    |                   |  |
| DDA/OTR<br>FUNCTIONAL TRAINING DIVISION<br>OPERATIONS TRAINING BRANCH |  |                             |                         |                   |  | WASH., D.C.                      |  |                                 |                    |                   |  |
| 11. POSITION TITLE  |  |                             |                         |                   |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION         |                    |                   |  |
| INSTRUCTOR OPS  |  |                             |                         |                   |  | BD33                             |  | DQG                             |                    |                   |  |
| 14. CLASSIFICATION SCHEDULE NOS. (S, ON)                              |  |                             | 15. OCCUPATIONAL SERIES |                   |  | 16. GRADE AND STEP               |  |                                 | 17. SALARY OR RATE |                   |  |
| GS  |  |                             | 1712.32                 |                   |  | 12 3                             |  |                                 | 25678              |                   |  |
| 18. REMARKS   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL              |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 19. ACTION CODE   |  | 20. EMPLOY CODE             |                         | 21. OFFICE CODING |  | 22. STATION CODE                 |  | 23. INTEREST CODE               |                    | 24. INDUSTRY CODE |  |
| 37  |  | 15                          |                         | 175 J1 OTR        |  | 75 J13                           |  | 1                               |                    | 1                 |  |
| 25. DATE OF BIRTH   |  | 26. DATE OF GRADE           |                         | 27. DATE OF LEI   |  | 28. DATE OF BIRTH                |  | 29. DATE OF GRADE               |                    | 30. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 31. DATE OF BIRTH   |  | 32. DATE OF GRADE           |                         | 33. DATE OF LEI   |  | 34. DATE OF BIRTH                |  | 35. DATE OF GRADE               |                    | 36. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 37. DATE OF BIRTH   |  | 38. DATE OF GRADE           |                         | 39. DATE OF LEI   |  | 40. DATE OF BIRTH                |  | 41. DATE OF GRADE               |                    | 42. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 43. DATE OF BIRTH   |  | 44. DATE OF GRADE           |                         | 45. DATE OF LEI   |  | 46. DATE OF BIRTH                |  | 47. DATE OF GRADE               |                    | 48. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 49. DATE OF BIRTH   |  | 50. DATE OF GRADE           |                         | 51. DATE OF LEI   |  | 52. DATE OF BIRTH                |  | 53. DATE OF GRADE               |                    | 54. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 55. DATE OF BIRTH   |  | 56. DATE OF GRADE           |                         | 57. DATE OF LEI   |  | 58. DATE OF BIRTH                |  | 59. DATE OF GRADE               |                    | 60. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 61. DATE OF BIRTH   |  | 62. DATE OF GRADE           |                         | 63. DATE OF LEI   |  | 64. DATE OF BIRTH                |  | 65. DATE OF GRADE               |                    | 66. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 67. DATE OF BIRTH   |  | 68. DATE OF GRADE           |                         | 69. DATE OF LEI   |  | 70. DATE OF BIRTH                |  | 71. DATE OF GRADE               |                    | 72. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 73. DATE OF BIRTH   |  | 74. DATE OF GRADE           |                         | 75. DATE OF LEI   |  | 76. DATE OF BIRTH                |  | 77. DATE OF GRADE               |                    | 78. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 79. DATE OF BIRTH   |  | 80. DATE OF GRADE           |                         | 81. DATE OF LEI   |  | 82. DATE OF BIRTH                |  | 83. DATE OF GRADE               |                    | 84. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 85. DATE OF BIRTH   |  | 86. DATE OF GRADE           |                         | 87. DATE OF LEI   |  | 88. DATE OF BIRTH                |  | 89. DATE OF GRADE               |                    | 90. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 91. DATE OF BIRTH   |  | 92. DATE OF GRADE           |                         | 93. DATE OF LEI   |  | 94. DATE OF BIRTH                |  | 95. DATE OF GRADE               |                    | 96. DATE OF LEI   |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 97. DATE OF BIRTH   |  | 98. DATE OF GRADE           |                         | 99. DATE OF LEI   |  | 100. DATE OF BIRTH               |  | 101. DATE OF GRADE              |                    | 102. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 103. DATE OF BIRTH  |  | 104. DATE OF GRADE          |                         | 105. DATE OF LEI  |  | 106. DATE OF BIRTH               |  | 107. DATE OF GRADE              |                    | 108. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 109. DATE OF BIRTH  |  | 110. DATE OF GRADE          |                         | 111. DATE OF LEI  |  | 112. DATE OF BIRTH               |  | 113. DATE OF GRADE              |                    | 114. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 115. DATE OF BIRTH  |  | 116. DATE OF GRADE          |                         | 117. DATE OF LEI  |  | 118. DATE OF BIRTH               |  | 119. DATE OF GRADE              |                    | 120. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 121. DATE OF BIRTH  |  | 122. DATE OF GRADE          |                         | 123. DATE OF LEI  |  | 124. DATE OF BIRTH               |  | 125. DATE OF GRADE              |                    | 126. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 127. DATE OF BIRTH  |  | 128. DATE OF GRADE          |                         | 129. DATE OF LEI  |  | 130. DATE OF BIRTH               |  | 131. DATE OF GRADE              |                    | 132. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 133. DATE OF BIRTH  |  | 134. DATE OF GRADE          |                         | 135. DATE OF LEI  |  | 136. DATE OF BIRTH               |  | 137. DATE OF GRADE              |                    | 138. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 139. DATE OF BIRTH  |  | 140. DATE OF GRADE          |                         | 141. DATE OF LEI  |  | 142. DATE OF BIRTH               |  | 143. DATE OF GRADE              |                    | 144. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 145. DATE OF BIRTH  |  | 146. DATE OF GRADE          |                         | 147. DATE OF LEI  |  | 148. DATE OF BIRTH               |  | 149. DATE OF GRADE              |                    | 150. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 151. DATE OF BIRTH  |  | 152. DATE OF GRADE          |                         | 153. DATE OF LEI  |  | 154. DATE OF BIRTH               |  | 155. DATE OF GRADE              |                    | 156. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 157. DATE OF BIRTH  |  | 158. DATE OF GRADE          |                         | 159. DATE OF LEI  |  | 160. DATE OF BIRTH               |  | 161. DATE OF GRADE              |                    | 162. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 163. DATE OF BIRTH  |  | 164. DATE OF GRADE          |                         | 165. DATE OF LEI  |  | 166. DATE OF BIRTH               |  | 167. DATE OF GRADE              |                    | 168. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 169. DATE OF BIRTH  |  | 170. DATE OF GRADE          |                         | 171. DATE OF LEI  |  | 172. DATE OF BIRTH               |  | 173. DATE OF GRADE              |                    | 174. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 175. DATE OF BIRTH  |  | 176. DATE OF GRADE          |                         | 177. DATE OF LEI  |  | 178. DATE OF BIRTH               |  | 179. DATE OF GRADE              |                    | 180. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 181. DATE OF BIRTH  |  | 182. DATE OF GRADE          |                         | 183. DATE OF LEI  |  | 184. DATE OF BIRTH               |  | 185. DATE OF GRADE              |                    | 186. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 187. DATE OF BIRTH  |  | 188. DATE OF GRADE          |                         | 189. DATE OF LEI  |  | 190. DATE OF BIRTH               |  | 191. DATE OF GRADE              |                    | 192. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 193. DATE OF BIRTH  |  | 194. DATE OF GRADE          |                         | 195. DATE OF LEI  |  | 196. DATE OF BIRTH               |  | 197. DATE OF GRADE              |                    | 198. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 199. DATE OF BIRTH  |  | 200. DATE OF GRADE          |                         | 201. DATE OF LEI  |  | 202. DATE OF BIRTH               |  | 203. DATE OF GRADE              |                    | 204. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 205. DATE OF BIRTH  |  | 206. DATE OF GRADE          |                         | 207. DATE OF LEI  |  | 208. DATE OF BIRTH               |  | 209. DATE OF GRADE              |                    | 210. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 211. DATE OF BIRTH  |  | 212. DATE OF GRADE          |                         | 213. DATE OF LEI  |  | 214. DATE OF BIRTH               |  | 215. DATE OF GRADE              |                    | 216. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 217. DATE OF BIRTH  |  | 218. DATE OF GRADE          |                         | 219. DATE OF LEI  |  | 220. DATE OF BIRTH               |  | 221. DATE OF GRADE              |                    | 222. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 223. DATE OF BIRTH  |  | 224. DATE OF GRADE          |                         | 225. DATE OF LEI  |  | 226. DATE OF BIRTH               |  | 227. DATE OF GRADE              |                    | 228. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 229. DATE OF BIRTH  |  | 230. DATE OF GRADE          |                         | 231. DATE OF LEI  |  | 232. DATE OF BIRTH               |  | 233. DATE OF GRADE              |                    | 234. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 235. DATE OF BIRTH  |  | 236. DATE OF GRADE          |                         | 237. DATE OF LEI  |  | 238. DATE OF BIRTH               |  | 239. DATE OF GRADE              |                    | 240. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 241. DATE OF BIRTH  |  | 242. DATE OF GRADE          |                         | 243. DATE OF LEI  |  | 244. DATE OF BIRTH               |  | 245. DATE OF GRADE              |                    | 246. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 247. DATE OF BIRTH  |  | 248. DATE OF GRADE          |                         | 249. DATE OF LEI  |  | 250. DATE OF BIRTH               |  | 251. DATE OF GRADE              |                    | 252. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 253. DATE OF BIRTH  |  | 254. DATE OF GRADE          |                         | 255. DATE OF LEI  |  | 256. DATE OF BIRTH               |  | 257. DATE OF GRADE              |                    | 258. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 259. DATE OF BIRTH  |  | 260. DATE OF GRADE          |                         | 261. DATE OF LEI  |  | 262. DATE OF BIRTH               |  | 263. DATE OF GRADE              |                    | 264. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 265. DATE OF BIRTH  |  | 266. DATE OF GRADE          |                         | 267. DATE OF LEI  |  | 268. DATE OF BIRTH               |  | 269. DATE OF GRADE              |                    | 270. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 271. DATE OF BIRTH  |  | 272. DATE OF GRADE          |                         | 273. DATE OF LEI  |  | 274. DATE OF BIRTH               |  | 275. DATE OF GRADE              |                    | 276. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 277. DATE OF BIRTH  |  | 278. DATE OF GRADE          |                         | 279. DATE OF LEI  |  | 280. DATE OF BIRTH               |  | 281. DATE OF GRADE              |                    | 282. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  | NO DA YR                        |                    | NO DA YR          |  |
|   |  |                             |                         |                   |  |                                  |  |                                 |                    |                   |  |
| 283. DATE OF BIRTH  |  | 284. DATE OF GRADE          |                         | 285. DATE OF LEI  |  | 286. DATE OF BIRTH               |  | 287. DATE OF GRADE              |                    | 288. DATE OF LEI  |  |
| NO DA YR  |  | NO DA YR                    |                         | NO DA YR          |  | NO DA YR                         |  |                                 |                    |                   |  |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| FLORES DANIEL | 036130 | 51    | 500   | CF GS 12 2 | \$20,032      |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| FLORES DANIEL | 036130 | 51    | 500   | CF GS 12 1 | \$18,463      |

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED **EXEMPT**.

EFFECTIVE DATE OF DESIGNATION: **31 MAY 1974.**

**FLORES DANIEL**

**036130**

**41351084**

|  |      |                         |                |                   |      |         |                      |                       |     |
|--|------|-------------------------|----------------|-------------------|------|---------|----------------------|-----------------------|-----|
| 1 SERIAL NO  |      | 2 NAME                  |                | 3 ORGANIZATION    |      | 4 FUNDS |                      | 5 LWOP HOURS          |     |
| 036130   |      | FLORES DANIEL           |                | 51 500            |      | CF      |                      |                       |     |
| 6 OLD SALARY RATE  |      |                         |                | 7 NEW SALARY RATE |      |         |                      | 8 TYPE ACTION         |     |
| Grade  | Step | Salary                  | Last Eff. Date | Grade             | Step | Salary  | EFFECTIVE DATE       | SI                    | ADJ |
| GS 12  | 2    | 20032                   | 11/24/74       | GS 12             | 3    | 20678   | 11/23/75             |                       |     |
|  |      | 19,076                  |                |                   |      | 19,693  |                      |                       |     |
| CERTIFICATION AND AUTHENTICATION   |      |                         |                |                   |      |         |                      |                       |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE |      |                         |                |                   |      |         |                      |                       |     |
| SIGNATURE <i>[Signature]</i>   |      |                         |                |                   |      |         | DATE <i>11/23/75</i> |                       |     |
| <input type="checkbox"/> NO EXCESS LWOP  |      |                         |                |                   |      |         |                      |                       |     |
| <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD                          |      |                         |                |                   |      |         |                      |                       |     |
| <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD                            |      |                         |                |                   |      |         |                      |                       |     |
| CLERK'S INITIALS   |      | <b>Fluitt-Jurgen</b>    |                |                   |      |         |                      | BY <i>[Signature]</i> |     |
| NEW 7.00 500E  |      | PAY CHANGE NOTIFICATION |                |                   |      |         |                      | 14 311                |     |

REF: 10 SEP 75

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |  |                                   |  |                          |  |                                 |  |                                |  |                    |  |
|--|--|-----------------------------------|--|--------------------------|--|---------------------------------|--|--------------------------------|--|--------------------|--|
| 1 SERIAL NUMBER  |  | 2 NAME (LAST FIRST MIDDLE)        |  |                          |  |                                 |  |                                |  |                    |  |
| 13011  |  | FLORES DANIEL                     |  |                          |  |                                 |  |                                |  |                    |  |
| 3 NATURE OF PERSONNEL ACTION   |  |                                   |  |                          |  | 4 EFFECTIVE DATE                |  | 5 CATEGORY OF EMPLOYMENT       |  |                    |  |
| CONVERSION FROM <input type="checkbox"/> STATUS  |  |                                   |  |                          |  | MO DA YR<br>10 14 75            |  | REGULAR                        |  |                    |  |
| 6 FUNDS  |  | V TO V                            |  | V TO CF                  |  | 7 FAN AND NSCA                  |  | 8 CSC OR OTHER LEGAL AUTHORITY |  |                    |  |
| <input type="checkbox"/>   |  | <input type="checkbox"/>          |  | <input type="checkbox"/> |  | MISS 1574                       |  | 51 USC 143 J                   |  |                    |  |
| 9 ORGANIZATIONAL DESIGNATIONS  |  |                                   |  |                          |  | 10 LOCATION OF OFFICIAL STATION |  |                                |  |                    |  |
| DOO/LA DIVISION<br>CUSA OPERATIONS GROUP<br>OPS BRANCH   |  |                                   |  |                          |  | WASH., D.C.                     |  |                                |  |                    |  |
| 11 POSITION TITLE  |  |                                   |  |                          |  | 12 POSITION NUMBER              |  | 13 SERVICE DESIGNATION         |  |                    |  |
| OPERATIONS OFFICER   |  |                                   |  |                          |  | CQ05                            |  | DQB                            |  |                    |  |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                                   |  | 15 OCCUPATIONAL SERIES   |  | 16 GRADE AND STEP               |  | 17 SALARY OR RATE              |  |                    |  |
| GS   |  |                                   |  | 0136.01                  |  | 12 2                            |  | 19070                          |  |                    |  |
| 18 REMARKS   |  |                                   |  |                          |  |                                 |  |                                |  |                    |  |
| WASH., D.C.  |  |                                   |  |                          |  |                                 |  |                                |  |                    |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                                   |  |                          |  |                                 |  |                                |  |                    |  |
| 19 ACTION CODE   |  | 20 EMPLOY CODE                    |  | 21 OFFICE CODING         |  | 22 STATION CODE                 |  | 23 INTEREST CODE               |  | 24 MGRS CODE       |  |
| 56   |  | 1                                 |  | 51574 LA                 |  | 7513                            |  | 1                              |  | 1                  |  |
| 25 DATE OF BIRTH   |  | 26 DATE OF GRADE                  |  | 27 DATE OF LEI           |  | 28 NTE EXPIRES                  |  | 29 SPECIAL REFERENCE           |  | 30 RETIREMENT DATA |  |
| MO DA YR   |  | MO DA YR                          |  | MO DA YR                 |  | MO DA YR                        |  | MO DA YR                       |  | MO DA YR           |  |
| 10 14 75   |  | 10 14 75                          |  | 10 14 75                 |  | 10 14 75                        |  | 10 14 75                       |  | 10 14 75           |  |
| 31 SEPARATION DATA CODE  |  | 32 CORRECTION / CANCELLATION DATA |  | 33 SECURITY REG NO       |  | 34 SEX                          |  | 35 VET PREFERENCE              |  | 36 SERV COMP DATE  |  |
| TYPE   |  | MO DA YR                          |  | MO DA YR                 |  | MO DA YR                        |  | MO DA YR                       |  | MO DA YR           |  |
| 1  |  | 10 14 75                          |  | 10 14 75                 |  | 10 14 75                        |  | 10 14 75                       |  | 10 14 75           |  |
| 37 CAREER CATEGORY   |  | 38 FEGLI / HEALTH INSURANCE       |  | 39 SOCIAL SECURITY NO    |  | 40 LEAVE CAT CODE               |  | 41 FEDERAL TAX DATA            |  | 42 STATE TAX DATA  |  |
| CODE   |  | CODE                              |  | CODE                     |  | CODE                            |  | CODE                           |  | CODE               |  |
| 1  |  | 1                                 |  | 1                        |  | 1                               |  | 1                              |  | 1                  |  |
| 10 14 75   |  | 10 14 75                          |  | 10 14 75                 |  | 10 14 75                        |  | 10 14 75                       |  | 10 14 75           |  |
| 43 PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  | 44 LEAVE CAT CODE                 |  | 45 FEDERAL TAX DATA      |  | 46 STATE TAX DATA               |  | 47 PREVIOUS SERVICE            |  | 48 LEAVE CAT CODE  |  |
| CODE   |  | CODE                              |  | CODE                     |  | CODE                            |  | CODE                           |  | CODE               |  |
| 1  |  | 1                                 |  | 1                        |  | 1                               |  | 1                              |  | 1                  |  |
| 10 14 75   |  | 10 14 75                          |  | 10 14 75                 |  | 10 14 75                        |  | 10 14 75                       |  | 10 14 75           |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                                   |  |                          |  |                                 |  |                                |  |                    |  |
| <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>POSTED</b><br/> 19 SEP 75 <i>BL</i> </div> |  |                                   |  |                          |  |                                 |  |                                |  |                    |  |

FORM 1150  
9-72 May 9-73Use Previous  
Edition

SECRET

E 2 IMPDET CL BY 607627

14-011

LT-92

|  |      |               |               |                   |      |         |                |               |     |
|--|------|---------------|---------------|-------------------|------|---------|----------------|---------------|-----|
| 1 SERIAL NO  |      | 2 NAME        |               | 3 ORGANIZATION    |      | 4 FUNDS |                | 5 LWOP HOURS  |     |
| 030130   |      | FLORES DANIEL |               | 51 500            |      | CF      |                |               |     |
| 6 OLD SALARY RATE  |      |               |               | 7 NEW SALARY RATE |      |         |                | 8 TYPE ACTION |     |
| Grade  | Step | Salary        | Last Eff Date | Grade             | Step | Salary  | EFFECTIVE DATE | WGI           | QSI |
| GS 14  | 1    | 18,463        | 11/25/73      | GS 12             | 2    | 19,078  | 11/24/74       |               |     |
| CERTIFICATION AND AUTHENTICATION   |      |               |               |                   |      |         |                |               |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE   |      |               |               |                   |      |         |                |               |     |
| SIGNATURE  |      |               |               | DATE              |      |         |                |               |     |
|  |      |               |               | 23 Sept 74        |      |         |                |               |     |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD  |      |               |               |                   |      |         |                |               |     |
| CLERKS INITIALS  |      |               |               |                   |      |         |                |               |     |
| 4-28 [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] [Handwritten Signature] |      |               |               |                   |      |         |                |               |     |
| FORM 10-73 560E Use previous editions  |      |               |               |                   |      |         |                |               |     |
| PAY CHANGE NOTIFICATION  |      |               |               |                   |      |         |                |               |     |

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LMP: 27 SEPT 74

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
|--|--|----------------------------|--|------------------------|--|---------------------------------|--|--------------------------------|--|-----------------------|--|
| 1 SERIAL NUMBER  |  | 2 NAME (LAST FIRST MIDDLE) |  |                        |  |                                 |  |                                |  |                       |  |
| 036130   |  | FLORES DANIEL              |  |                        |  |                                 |  |                                |  |                       |  |
| 3 NATURE OF PERSONNEL ACTION   |  |                            |  |                        |  | 4 EFFECTIVE DATE                |  | 5 CATEGORY OF EMPLOYMENT       |  |                       |  |
| REASSIGNMENT   |  |                            |  |                        |  | 09 15 74                        |  | REGULAR                        |  |                       |  |
| 6 FUNDS  |  | V TO V                     |  | V TO CF                |  | 7 FAN AND NSCA                  |  | 8 CSC OR OTHER LEGAL AUTHORITY |  |                       |  |
|  |  | CF TO V                    |  | X CF TO CF             |  | 5135 4534 0000                  |  | 50 USC 403 J                   |  |                       |  |
| 9 ORGANIZATIONAL DESIGNATIONS  |  |                            |  |                        |  | 10 LOCATION OF OFFICIAL STATION |  |                                |  |                       |  |
| DDO/WH DIVISION<br>WH/COG<br>OPS BRANCH  |  |                            |  |                        |  | WASH., D.C.                     |  |                                |  |                       |  |
| 11 POSITION TITLE  |  |                            |  |                        |  | 12 POSITION NUMBER              |  | 13 SERVICE DESIGNATION         |  |                       |  |
| OPS OFFICER  |  |                            |  |                        |  | 1159                            |  | DQB                            |  |                       |  |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                            |  | 15 OCCUPATIONAL SERIES |  | 16 GRADE AND STEP               |  | 17 SALARY OR RATE              |  |                       |  |
| GS   |  |                            |  | 0136.01                |  | 12 1                            |  | 17497                          |  |                       |  |
| 18 REMARKS<br>WASH., D.C.  |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
| 19 ACTION CODE   |  | 20 EMPLOY CODE             |  | 21 OFFICE CODING       |  | 22 STATION CODE                 |  | 23 INTEREST CODE               |  | 24 HOURS CODE         |  |
| 37   |  | 10                         |  | 51500 WH               |  | 75013                           |  |                                |  | 1                     |  |
| 25 DATE OF BIRTH   |  | 26 DATE OF GRADE           |  | 27 DATE OF LST         |  | 28 DATE OF RETIREMENT           |  | 29 SPECIAL REFERENCE           |  | 30 RETIREMENT DATA    |  |
|  |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
| 31 VET PREFERENCE  |  | 32 SERV COMP DATE          |  | 33 LONG COMP DATE      |  | 34 CAREER CATEGORY              |  | 35 REGAL / HEALTH INSURANCE    |  | 36 SOCIAL SECURITY NO |  |
|  |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  |                            |  | 42 LEAVE CAT CODE      |  | 43 FEDERAL TAX DATA             |  |                                |  | 44 STATE TAX DATA     |  |
| CODE   |  |                            |  | CODE                   |  | CODE                            |  |                                |  | CODE                  |  |
| 1 NO PREVIOUS SERVICE  |  |                            |  | 1 YES                  |  | 1 YES                           |  |                                |  | 1 YES                 |  |
| 2 BREAK IN SERVICE (LESS THAN 3 YRS)   |  |                            |  | 2 NO                   |  | 2 NO                            |  |                                |  | 2 NO                  |  |
| 3 BREAK IN SERVICE (MORE THAN 3 YRS)   |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                            |  |                        |  |                                 |  |                                |  |                       |  |
| <div style="float: right; border: 1px solid black; padding: 5px;"> <b>POSTED</b><br/> <i>JK 9/27/74</i> </div> |  |                            |  |                        |  |                                 |  |                                |  |                       |  |

FORM 1130  
9-72 1130 0-73Use Previous  
Edition

U.S. GOVERNMENT PRINTING OFFICE: 1972

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SECRET

(When Filled In)

19 APR 74

## NOTIFICATION OF PERSONNEL ACTION

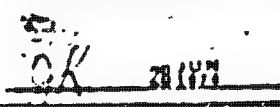
|  |                               |   |                                |
|--|-------------------------------|---|--------------------------------|
| 1. SERIAL NUMBER<br>1515   |                               | 2. NAME (LAST FIRST MIDDLE)<br>FLORES DANIEL    |                                |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT  |                               | 4. EFFECTIVE DATE<br>MO DA YR<br>7 24 74        |                                |
| 5. CATEGORY OF EMPLOYMENT<br>REGULAR   |                               | 6. FAN AND NSCA<br>8133 4834                    |                                |
| 7. FAN AND NSCA<br>8133 4834   |                               | 8. CSC OR OTHER LEGAL AUTHORITY<br>30 USC 433 J |                                |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/INT DIVISION<br>DDO/CSG<br>OPS SUPPORT BRANCH                              |                               | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C. |                                |
| 11. POSITION TITLE<br>OPS OFFICER  |                               | 12. POSITION NUMBER<br>1154                     |                                |
| 13. SERVICE DESIGNATION<br>DQS   |                               | 14. CLASSIFICATION SCHEDULE (OS 18, etc.)<br>CS |                                |
| 15. OCCUPATIONAL SERIES<br>1136.01   |                               | 16. GRADE AND STEP<br>12 1                      |                                |
| 17. SALARY OR RATE<br>174.97   |                               | 18. REMARKS<br>LEAVE, PERU                      |                                |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                               |   |                                |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>15         | 21. OFFICE CODING<br>51500 INT                  | 22. STATION CODE<br>75213      |
| 23. DATE OF BIRTH<br>MO DA YR  | 24. DATE OF GRADE<br>MO DA YR | 25. DATE OF LEI<br>MO DA YR                     | 26. SECURITY REG NO            |
| 27. DATE OF BIRTH<br>MO DA YR  | 28. DATE OF GRADE<br>MO DA YR | 29. DATE OF LEI<br>MO DA YR                     | 30. SECURITY REG NO            |
| 31. SPECIAL REFERENCE  | 32. RETIREMENT DATA           | 33. SEPARATION DATA CODE                        | 34. CORRECTION/COMPLETION DATA |
| 35. NET PREFERENCE   | 36. SERV COMP DATE            | 37. LONG COMP DATE                              | 38. CARRIER CATEGORY           |
| 39. PREVIOUS FEDERAL GOVERNMENT SERVICE  | 40. LEAVE CAT CODE            | 41. FEDERAL TAX DATA                            | 42. STATE TAX DATA             |
| SIGNATURE OF OTHER AUTHENTICATION  |                               |   |                                |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> OK 5/19/74 </div> |                               |   |                                |

DNS: 27 JUN 74

**SECRET**  
(When Filled In)

0069

**NOTIFICATION OF PERSONNEL ACTION**

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. SERIAL NUMBER<br><b>385134</b>  |                               | 2. NAME (LAST FIRST MIDDLE)<br><b>KLONIS DANIEL</b> |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>   |                               | 4. EFFECTIVE DATE<br>MO DA YR<br><b>06 23 74</b>    | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>                   |
| 6. FUNDS<br>▶  | 7. PAY TO V<br>OF TO V        | 7. PAY TO C<br>OF TO C                              | 8. ESE OR OTHER LEGAL AUTHORITY<br><b>PL 88-643 SECT. 203</b> |
| 9. ORGANIZATIONAL DEPARTMENT<br><b>DDO/HA DIVISION</b>   |                               | 10. LOCATION OF OFFICIAL STATION                    |   |
| 11. POSITION TITLE   |                               | 12. POSITION NUMBER                                 | 13. SERVICE DESIGNATION<br><b>D</b>                           |
| 14. CLASSIFICATION SCHEDULE (GPO 18 USC)   | 15. OCCUPATIONAL SERIES       | 16. GRADE AND STEP<br><b>12</b>                     | 17. SALARY GR. RATE   |
| 18. REMARKS<br><b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>                               |                               |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                               |   |   |
| 19. ACTION CODE  | 20. EMPLOY CODE               | 21. PAY CODE<br>GENERAL AUTOMATIC                   | 22. STATION CODE  |
| 23. PAYABLE CODE   | 24. MONTH CODE                | 25. DATE OF BIRTH<br>MO DA YR                       | 26. DATE OF FRAIL<br>MO DA YR                                 |
| 27. DATE OF LET<br>MO DA YR  | 28. DATE OF BIRTH<br>MO DA YR | 29. DATE OF FRAIL<br>MO DA YR                       | 30. DATE OF LET<br>MO DA YR                                   |
| 31. RETIREMENT DATA<br>1. FRA<br>2. FRA<br>3. FRA<br>4. FRA  | 32. SEPARATION DATA CODE      | 33. CORRECTION / CANCELLATION DATE<br>YR MO DA YR   | 34. SECURITY REG. NO.   |
| 35. VET PRESENT  | 36. VET COMP DATE<br>MO DA YR | 37. LONG COMP DATE<br>MO DA YR                      | 38. CAREER CATEGORY   |
| 39. FEETAL / HEALTH INSURANCE  | 40. SOCIAL SECURITY NO.       | 41. POST CODE (FOR USE OF EMPLOYMENT SERVICE)       | 42. LEAVE CAT CODE  |
| 43. FEDERAL TAX DATA   | 44. STATE TAX DATA            | 45. POST CODE (FOR USE OF EMPLOYMENT SERVICE)       | 46. LEAVE CAT CODE  |
| SIGNATURE OF OTHER AUTHENTICATION  |                               |   |   |
| <div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> <b>POSTED</b><br/>  </div> |                               |   |   |

FORM 10-10  
5-14 100 11-10

USE PREVIOUS EDITIONS

**SECRET**

U.S. GOVERNMENT PRINTING OFFICE: 1971

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SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

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|  |   |  |  |
|--|---|--|--|
| 1 SERIAL NUMBER<br>030130  |   | 2 NAME (LAST FIRST MIDDLE)<br>FLORES DANIEL              |  |
| 3 NATURE OF PERSONNEL ACTION<br>PROMOTION  |   | 4 EFFECTIVE DATE<br>11   25   73                         | 5 CATEGORY OF EMPLOYMENT<br>REGULAR                            |
| 6 FUNDS<br>V TO V<br>CF TO V   | V TO CF<br>X<br>CF TO CF                            | 7 PAN AND NSCA<br>4135 1084 0000                         | 8 CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J                 |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDO/WH DIVISION<br>FOREIGN FIELD<br>BRANCH 3- STATION |   | 10 LOCATION OF OFFICIAL STATION                          |  |
| 11 POSITION TITLE<br>OPS OFFICER   |   | 12 POSITION NUMBER<br>0136                               | 13 SERVICE DESIGNATION<br>D                                    |
| 14 CLASSIFICATION SCHEDULE (OS, LB, etc.)<br>GS  | 15 OCCUPATIONAL SERIES<br>6136.01                   | 16 GRADE AND STEP<br>12 1                                | 17 SALARY OR RATE<br>17427                                     |
| 18 REMARKS<br><br>HOME CASE: WH  |   |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                               |   |  |  |
| 19 ACTION CODE<br>22   | 20 EMPLOY CODE<br>10                                | 21 OFFICE CODING<br>51760 WH                             | 22 STATION CODE<br>57085                                       |
| 23 INTEGRITY CODE<br>3   | 24 HOURS CODE<br>3                                  | 25 DATE OF BIRTH<br>11   25   73                         | 26 DATE OF GRADE<br>11   25   73                               |
| 27 DATE OF LEI<br>11   25   73   | 28 INT EXPRESS<br>NO DA YES                         | 29 SPECIAL REFERENCE<br>1 FSC<br>2 CUB<br>3 FSA<br>4 FSA | 30 RETIREMENT DATA<br>CODE                                     |
| 31 SEPARATION DATA CODE  | 32 CORRECTION - Cancellation Date<br>TIME NO DA YES | 33 SECURITY REQ NO                                       | 34 SER   |
| 35 VET PREFERENCE<br>1 100%<br>2 50%<br>3 10%  | 36 SERV COMP DATE<br>NO DA YES                      | 37 LONG COMP DATE<br>NO DA YES                           | 38 CARRIER CATEGORY<br>FAB BSA CODE CODE 0 00000<br>P0/J1 0000 |
| 39 REGI HEALTH INSURANCE<br>HEALTH INS CODE  | 40 SOCIAL SECURITY NO                               | 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>1 YES<br>2 NO | 42 LEA-8 CAT CODE  |
| 43 FEDERAL TAX DATA<br>1 YES<br>2 NO   | 44 STATE TAX DATA<br>1 YES<br>2 NO                  | 45 EMPLOYED<br>1 YES<br>2 NO                             | 46 EMPLOYED<br>1 YES<br>2 NO                                   |
| SIGNATURE OF OTHER AUTHENTICATION<br><br>11/15/73                                      |   |  |  |

FORM 100-100  
1-72 100-100

Use Previous  
Edition

SECRET

11/15/73

0-2 (COPY OF 0-1 BY 0-2)

70

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| FLORES DANIEL | 036130 | 51    | 760   | CF GS 11 4 | \$16,138      |

57

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| FLORES DANIEL | 036130 | 51    | 760   | CF GS 11 4 | \$15,394      |

655

|   |      |               |               |                         |      |          |                |                  |     |
|---|------|---------------|---------------|-------------------------|------|----------|----------------|------------------|-----|
| 1 SERIAL NO.  |      | 2 NAME        |               | 3 ORGANIZATION          |      | 4 FUNDS  |                | 5 LWOP STATUS    |     |
| 036130  |      | DANIEL FLORES |               | 51 760                  |      | CF       |                |                  |     |
| 6 OLD SALARY RATE   |      |               |               | 7. NEW SALARY RATE      |      |          |                | 8 TYPE ACTION    |     |
| Grade   | Step | Salary        | Last Eff Date | Grade                   | Step | Salary   | EFFECTIVE DATE | SI               | ADJ |
| GS 11   | 3    | \$14,197      | 11/29/71      | GS 11                   | 4    | \$14,640 | 11/29/72       |                  |     |
| CERTIFICATION AND AUTHENTICATION  |      |               |               |                         |      |          |                |                  |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |               |               |                         |      |          |                |                  |     |
| SIGNATURE   |      |               |               |                         |      | DATE     |                | 8 September 1972 |     |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |               |               |                         |      |          |                |                  |     |
| CLERK'S INITIALS  |      |               |               | H. FLORES               |      |          |                | AUDITED BY       |     |
| FORM 560 E Use previous editions  |      |               |               | PAY CHANGE NOTIFICATION |      |          |                | 11/2/72 (4-51)   |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW SALARY |
|---------------|--------|-------|-------|------------|------------|
| FLORES DANIEL | 036130 | 51    | 760   | CF GS 11 3 | \$14,197   |

**SECRET**  
(When Filled In)

POSTED

10-1-12-9-71

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OCT 1 1971

FBI - NEW YORK

1123

Very Respectfully  
J. H. Jones

**SECRET**

WEB: 29 SEPT 71

SECRET

When in use Int

| NOTIFICATION OF PERSONNEL ACTION   |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
|--|--|-----------------------------|--|--|--|--------------------------------------|--|------------------------------------|--|------------------------|--|-------------------|--|-----------------|--|
| ODF  |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| 036130   |  | FLORES DANIEL               |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION  |  |                             |  |  |  | 4. EFFECTIVE DATE                    |  | 5. CATEGORY OF EMPLOYMENT          |  |                        |  |                   |  |                 |  |
| REASSIGNMENT   |  |                             |  |  |  | 09   19   71                         |  | REGULAR                            |  |                        |  |                   |  |                 |  |
| 6. FUNDS   |  | V TO V                      |  | V TO CF                                |  | 7. Financial Analysis No. Chargeable |  | 8. CSC OR OTHER LEGAL AUTHORITY    |  |                        |  |                   |  |                 |  |
| CF TO V  |  | X                           |  | CF TO CF                               |  | 2135 1084 0000                       |  | 50 USC 403 J                       |  |                        |  |                   |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS   |  |                             |  |  |  | 10. LOCATION OF OFFICIAL STATION     |  |                                    |  |                        |  |                   |  |                 |  |
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 3  |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| STATION  |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| 11. POSITION TITLE   |  |                             |  | 12. POSITION NUMBER                    |  | 13. SERVICE DESIGNATION              |  |                                    |  |                        |  |                   |  |                 |  |
| OPS OFFICER  |  |                             |  | 0136                                   |  | D                                    |  |                                    |  |                        |  |                   |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)   |  |                             |  | 15. OCCUPATIONAL SERIES                |  | 16. GRADE AND STEP                   |  | 17. SALARY OF RATE                 |  |                        |  |                   |  |                 |  |
| GS   |  |                             |  | 0136.01                                |  | 10 3                                 |  | 12285                              |  |                        |  |                   |  |                 |  |
| 18. REMARKS  |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| GUAYAQUIL, ECUADOR   |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| HOME BASE: WH  |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING                      |  | 22. STATION CODE                     |  | 23. INTEREST CODE                  |  | 24. DATE OF BIRTH      |  | 25. DATE OF GRADE |  | 26. DATE OF LEI |  |
| 37   |  | 10                          |  | 51700 WH                               |  | 57085                                |  | 3                                  |  |                        |  |                   |  |                 |  |
| 28. INT. EXPIRES   |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA                    |  | 31. SEPARATION DATA CODE             |  | 32. Cancellation Cancellation Date |  | 33. SECURITY REQ NO    |  | 34. SEC           |  |                 |  |
| MO DA YR<br>XX XX XX   |  |                             |  | 1. CAC<br>2. CIA<br>3. FICA<br>4. NCHS |  |                                      |  | MO DA YR<br>IOD DATA               |  |                        |  |                   |  |                 |  |
| 35. VET PREFERENCE   |  | 36. SERV COMP DATE          |  | 37. LONG COMP DATE                     |  | 38. CAREER CATEGORY                  |  | 39. REG. HEALTH INSURANCE          |  | 40. SOCIAL SECURITY NO |  |                   |  |                 |  |
| CODE<br>1. NO<br>2. 1 YR<br>3. 10 YR   |  | MO DA YR                    |  | MO DA YR                               |  | CAREER<br>PROV Temp                  |  | HEALTH INS CODE<br>1. YES<br>2. NO |  |                        |  |                   |  |                 |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE   |  |                             |  | 42. LEAVE CAT CODE                     |  | 43. FEDERAL TAX DATA                 |  | 44. STATE TAX DATA                 |  |                        |  |                   |  |                 |  |
| CODE<br>0. NO PREVIOUS SERVICE<br>1. NO BREAK IN SERVICE<br>2. BREAK IN SERVICE (LESS THAN 3 YRS)<br>3. BREAK IN SERVICE (MORE THAN 3 YRS) |  |                             |  |  |  | FORM EXECUTED<br>1. YES<br>2. NO     |  | FORM EXECUTED<br>1. YES<br>2. NO   |  | CODE                   |  | NO TAX STATE CODE |  |                 |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> 1-19-71 </div>                              |  |                             |  |  |  |                                      |  |                                    |  |                        |  |                   |  |                 |  |

FORM 1150  
3-68 May 6-70

Use Previous Edition

SECRET

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(Process from automatics)  
downgrading and  
downgrading and

*JUL 14*

|   |      |               |                |                         |      |          |                |                |      |
|---|------|---------------|----------------|-------------------------|------|----------|----------------|----------------|------|
| 1. SERIAL NO.   |      | 2. NAME       |                | 3. ORGANIZATION         |      | 4. FUNDS |                | 5. LWOP HOURS  |      |
| 036130  |      | FLORES DANIEL |                | 51 700                  |      | CF       |                |                |      |
| 6. OLD SALARY RATE  |      |               |                | 7. NEW SALARY RATE      |      |          |                | 8. TYPE ACTION |      |
| Grade   | Step | Salary        | Last Eff. Date | Grade                   | Step | Salary   | EFFECTIVE DATE | SI             | ADJ. |
| GS 10   | 2    | \$11,901      | 07/26/70       | GS 10                   | 3    | \$12,295 | 07/25/71       |                |      |
| CERTIFICATION AND AUTHENTICATION  |      |               |                |                         |      |          |                |                |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |               |                |                         |      |          |                |                |      |
| SIGNATURE   |      |               |                | DATE                    |      |          |                |                |      |
|   |      |               |                | 6 May 1971              |      |          |                |                |      |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |               |                |                         |      |          |                |                |      |
| CLERKS INITIALS   |      |               |                | AUDITED BY              |      |          |                |                |      |
| FORM 7-66 560 E Use previous editions   |      |               |                | PAY CHANGE NOTIFICATION |      |          |                | (4-51)         |      |

*545*

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW SALARY |
|---------------|--------|-------|-------|------------|------------|
| FLORES DANIEL | 036130 | 51    | 700   | CF GS 10 2 | \$11,901   |



BSJ: 10 AUG 70


SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                             |  |                                  |  |                                     |  |                                    |  |
|--|--|-----------------------------|--|----------------------------------|--|-------------------------------------|--|------------------------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                                  |  |                                     |  |                                    |  |
| 036136   |  | FLORES DANIEL               |  |                                  |  |                                     |  |                                    |  |
| 3. NATURE OF PERSONNEL ACTION                            |  |                             |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT           |  |                                    |  |
| PROMOTION  |  |                             |  | 07   29 70                       |  | REGULAR                             |  |                                    |  |
| 6. FUNDS   |  | V TO V                      |  | V TO CF                          |  | 7. Financial Analysis No Chargeable |  | 8. CSC OR OTHER LEGAL AUTHORITY    |  |
| CF TO V  |  | X                           |  | CF TO CF                         |  | 1135 0884 0000                      |  | 50 USC 403 J                       |  |
| 9. ORGANIZATIONAL DESIGNATIONS                           |  |                             |  | 10. LOCATION OF OFFICIAL STATION |  |                                     |  |                                    |  |
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 3                      |  |                             |  | STATION<br>BASE                  |  |                                     |  |                                    |  |
| 11. POSITION TITLE                                       |  |                             |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION             |  |                                    |  |
| OPS OFFICER  |  |                             |  | 0376                             |  | D                                   |  |                                    |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)               |  | 15. OCCUPATIONAL SERIES     |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE                  |  |                                    |  |
| GS   |  | 0136.01                     |  | 10 2                             |  | 11231                               |  |                                    |  |
| 18. REMARKS  |  |                             |  |                                  |  |                                     |  |                                    |  |
|  |  |                             |  |                                  |  |                                     |  |                                    |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                             |  |                                  |  |                                     |  |                                    |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING                |  | 22. STATION CODE                    |  | 23. INTEGER CODE                   |  |
| 22   |  | 10                          |  | 51700 WH                         |  | 19559                               |  | 3                                  |  |
| 24. DATE OF BIRTH  |  | 25. DATE OF GRADE           |  | 26. DATE OF LET                  |  | 27. DATE OF LET                     |  |                                    |  |
| 07   26 70   |  | 07   26 70                  |  | 07   26 70                       |  | 07   26 70                          |  |                                    |  |
| 28. NTE EXPIRES  |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA              |  | 31. SEPARATION DATA CODE            |  | 32. CORRECTION / CANCELLATION DATA |  |
| 07   25   72   |  | 81                          |  | CODE                             |  | CODE                                |  | CODE                               |  |
| 33. VET PREFERENCE                                       |  | 34. SERV COMP DATE          |  | 35. LONG COMP DATE               |  | 36. CAREER CATEGORY                 |  | 37. FEGLI / HEALTH INSURANCE       |  |
| CODE   |  | CODE                        |  | CODE                             |  | CODE                                |  | CODE                               |  |
| 38. PREVIOUS CIVILIAN GOVERNMENT SERVICE                 |  | 39. LEAVE CAT CODE          |  | 40. FEDERAL TAX DATA             |  | 41. STATE TAX DATA                  |  |                                    |  |
| CODE   |  | CODE                        |  | CODE                             |  | CODE                                |  |                                    |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                             |  |                                  |  |                                     |  |                                    |  |
|  |  |                             |  |                                  |  |                                     |  |                                    |  |

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SECRET

G55

|   |      |   |                |                    |      |          |                |                |      |
|---|------|---|----------------|--------------------|------|----------|----------------|----------------|------|
| 1. SERIAL NO.   |      | 2. NAME   |                | 3. ORGANIZATION    |      | 4. FUNDS |                | 5. LWOP HOURS  |      |
| 036130  |      | FLURES DANIEL   |                | 91 700             |      | CF       |                |                |      |
| 6. OLD SALARY RATE  |      |   |                | 7. NEW SALARY RATE |      |          |                | 8. TYPE ACTION |      |
| Grade   | Step | Salary  | Last Eff. Date | Grade              | Step | Salary   | EFFECTIVE DATE | SI             | ADJ. |
| GS 09   | 2    | \$ 9,631  | 04/06/69       | GS 09              | 3    | \$ 9,942 | 04/03/70       |                |      |
| CERTIFICATION AND AUTHENTICATION  |      |   |                |                    |      |          |                |                |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |   |                |                    |      |          |                |                |      |
| SIGNATURE   |      |   |                |                    |      | DATE     |                |                |      |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |   |                |                    |      |          |                |                |      |
| CLERK'S INITIALS  |      |  |                |                    |      |          |                | AUDITED BY     |      |
| FORM 7-60 560 E Use previous editions   |      | PAY CHANGE NOTIFICATION   |                |                    |      |          |                | (4.31)         |      |

1 545

*[Signature]*

1.3

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF P. 90-20A AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| FLORES DANIEL | 036130 | 51    | 700   | CF GS 09 2 | \$ 9,631      |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| FLORES DANIEL | 036130 | 51    | 700   | CF GS 09 2 | \$10,210      |

JLD: 24 APR 69

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

COF

|  |                                    |   |   |
|--|------------------------------------|---|---|
| 1. SERIAL NUMBER<br>036130   |                                    | 2. NAME (LAST FIRST MIDDLE)<br>FLORES DANIEL    |   |
| 3. NATURE OF PERSONNEL ACTION  |                                    | 4. EFFECTIVE DATE<br>04 10 69                   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                  |
| 6. FUNDS   | V TO V<br>CF TO V X                | V TO CF<br>CF TO CF                             | 7. Personal Analysis No. Chargeable<br>9135 0884 0000 |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>FOREIGN FIELD<br>BRANCH 3<br>STATION<br>BASE |                                    | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J |   |
| 11. POSITION TITLE<br>OPS OFFICER  |                                    | 12. POSITION NUMBER<br>0376                     | 13. SERVICE DESIGNATION<br>D                          |
| 14. CLASSIFICATION SCHEDULE (OS, LS, ON)<br>GS   | 15. OCCUPATIONAL SERIES<br>0136.01 | 16. GRADE AND STEP<br>09 2                      | 17. SALARY OR RATE<br>8744                            |
| 18. REMARKS  |                                    |   |   |
| MARITAL STATUS: MARRIED  |                                    |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                                 |                                    |   |   |
| 19. ACTION CODE<br>55  | 20. EMPLOY CODE<br>10              | 21. OFFICE CODING<br>51700 WH                   | 22. STATION CODE<br>19559                             |
| 23. INTEGRITY CODE   | 24. PAY CODE<br>3                  | 25. DATE OF BIRTH                               | 26. DATE OF GRADE                                     |
| 27. DATE OF LEI  | 28. SECURITY BENEFIT NO.           | 29. SOCIAL SECURITY NO.                         | 30. SECURITY BENEFIT NO.                              |
| 31. SECURITY BENEFIT NO.   | 32. SECURITY BENEFIT NO.           | 33. SECURITY BENEFIT NO.                        | 34. SECURITY BENEFIT NO.                              |
| 35. VET PREFERENCE   | 36. SERV COMP DATE                 | 37. LONG COMP DATE                              | 38. CAREER CATEGORY                                   |
| 39. HEALTH INSURANCE   | 40. SOCIAL SECURITY NO.            | 41. FEDERAL TAX DATA                            | 42. STATE TAX DATA                                    |
| 43. FEDERAL TAX DATA   | 44. STATE TAX DATA                 | 45. STATE TAX DATA                              | 46. STATE TAX DATA                                    |
| SIGNATURE OF OTHER AUTHENTICATION  |                                    |   |   |

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(When Filled In)

JLB: 22 APR 69

## NOTIFICATION OF PERSONNEL ACTION

OCF

|  |                                    |  |                                      |
|--|------------------------------------|--|--------------------------------------|
| 1. SERIAL NUMBER<br>036130   |                                    | 2. NAME (LAST FIRST MIDDLE)<br>FLORES DANIEL                   |                                      |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION, TRANSFER<br>TO CONFIDENTIAL FUNDS AND CHANGE<br>OF SERVICE DESIGNATION   |                                    | 4. EFFECTIVE DATE<br>04/06/69                                  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR |
| 6. FUNDS<br>V TO V<br>CF TO V  | X<br>CF TO CF                      | 7. EMPLOYER'S ANALYSIS FOR CHANGING<br>50 USC 403 J            |                                      |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>FOREIGN FIELD<br>BRANCH 3<br>STATION<br>BASE   |                                    | 10. LOCATION OF OFFICIAL STATION                               |                                      |
| 11. POSITION TITLE<br>OPS OFFICER  |                                    | 12. POSITION NUMBER<br>0376                                    | 13. SERVICE DESIGNATION<br>D         |
| 14. CLASSIFICATION SCHEDULE (GS 18-AM)<br>GS   | 15. OCCUPATIONAL SERIES<br>0136.01 | 16. GRADE AND STEP<br>03 2                                     | 17. SALARY OR RATE<br>8744           |
| 18. REMARKS  |                                    |  |                                      |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                                    |  |                                      |
| 19. ACTION CODE<br>20  | 20. EMPLOY CODE<br>10              | 21. OFFICE CODES<br>NUMBER<br>51700<br>ALPHABETIC<br>WH        | 22. STATUS CODE<br>19559             |
| 23. DATE OF BIRTH<br>04/06/69  | 24. DATE OF GRADE<br>04/06/69      | 25. DATE OF LEI<br>04/06/69                                    | 26. SECURITY REQ NO<br>04/06/69      |
| 27. PTE EMPLOY<br>NO DA TO   | 28. SPECIAL REFERENCE              | 29. RETIREMENT DATA<br>1. CIV<br>2. MIL<br>3. PIA<br>4. NO PIA | 30. SEPARATION DATA CODE<br>3        |
| 31. VET PREFERENCE   | 32. SERV COMP DATE                 | 33. LONG COMP DATE   | 34. CAREER CATEGORY                  |
| 35. REGU / HEALTH INSURANCE  | 36. SOCIAL SECURITY NO             | 37. SIGNATURE OF OTHER AUTHENTICATION                          |                                      |
| 38. PREVIOUS FEDERAL GOVERNMENT SERVICE<br>1. NO PREVIOUS SERVICE<br>2. YES (BEGIN IN SERVICE)<br>3. YES (IN SERVICE AFTER 1950)<br>4. YES (IN SERVICE AFTER 1950) |                                    |  |                                      |
| 39. LEAVE CAT<br>CODE  |                                    |  |                                      |
| 40. FEDERAL TAX DATA<br>1. YES<br>2. NO  |                                    |  |                                      |
| 41. STATE TAX DATA<br>1. YES<br>2. NO  |                                    |  |                                      |

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JLU: 7 OCT 68

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(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |  |                                     |  |                                 |  |                          |  |                                     |  |
|--|--|-------------------------------------|--|---------------------------------|--|--------------------------|--|-------------------------------------|--|
| 1 SERIAL NUMBER  |  | 2 NAME (LAST FIRST MIDDLE)          |  |                                 |  |                          |  |                                     |  |
| 036130   |  | FLORES DANIEL                       |  |                                 |  |                          |  |                                     |  |
| 3 NATURE OF PERSONNEL ACTION   |  |                                     |  | 4 EFFECTIVE DATE                |  | 5 CATEGORY OF EMPLOYMENT |  |                                     |  |
| REASSIGNMENT   |  |                                     |  | 10 06 68                        |  | REGULAR                  |  |                                     |  |
| 6 FUNDS  |  | 7 Financial Analysis No. Chargeable |  | 8 CSC OR OTHER LEGAL AUTHORITY  |  |                          |  |                                     |  |
| X  |  | 9235 0620 0000                      |  | 50 USC 403 J                    |  |                          |  |                                     |  |
| 9 ORGANIZATIONAL DESIGNATIONS  |  |                                     |  | 10 LOCATION OF OFFICIAL STATION |  |                          |  |                                     |  |
| DDP/WH<br>BRANCH 4   |  |                                     |  | WASH., D.C.                     |  |                          |  |                                     |  |
| 11 POSITION TITLE  |  |                                     |  | 12 POSITION NUMBER              |  | 13 SERVICE DESIGNATION   |  |                                     |  |
| OPS OFFICER  |  |                                     |  | 1441                            |  | SJ                       |  |                                     |  |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  | 15 OCCUPATIONAL SERIES              |  | 16 GRADE AND STEP               |  | 17 SALARY OR RATE        |  |                                     |  |
| GS   |  | 0136.01                             |  | 08 2                            |  | 7956                     |  |                                     |  |
| 18 REMARKS   |  |                                     |  |                                 |  |                          |  |                                     |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                                     |  |                                 |  |                          |  |                                     |  |
| 19 ACTION CODE   |  | 20 EMPLOY CODE                      |  | 21 OFFICE CODING                |  | 22 STATION CODE          |  | 23 INTEGRITY CODE                   |  |
| 37   |  | 10                                  |  | 51450 WH                        |  | 75013                    |  | 1                                   |  |
| 24 NTE EXPIRY  |  | 25 SPECIAL REFERENCE                |  | 26 RETIREMENT DATA              |  | 27 SEPARATION DATA CODE  |  | 28 CORRECTION / RECONCILIATION DATA |  |
| NO DA YR   |  | 1 FC<br>2 CR<br>3 PLR<br>4 NONE     |  | CODE                            |  | TYPE                     |  | NO DA YR                            |  |
| 35 VET PREFERENCE  |  | 36 SERV COMP DATE                   |  | 37 LONG COMP DATE               |  | 38 CAREER CATEGORY       |  | 39 REGU / HEALTH INSURANCE          |  |
| CODE   |  | NO DA YR                            |  | NO DA YR                        |  | CAR 0111<br>PROV 0000    |  | HEALTH INS CODE                     |  |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  |                                     |  | 42 LEAVE CAT CODE               |  | 43 FEDERAL TAX DATA      |  | 44 STATE TAX DATA                   |  |
| CODE   |  |                                     |  | CODE                            |  | CODE                     |  | CODE                                |  |
| 1 NO PREVIOUS SERVICE<br>2 NO BREAK IN SERVICE<br>3 BREAK IN SERVICE (LESS THAN 3 YRS)<br>4 BREAK IN SERVICE (MORE THAN 3 YRS) |  |                                     |  | 1 YES<br>2 NO                   |  | 1 YES<br>2 NO            |  | 1 YES<br>2 NO                       |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                                     |  |                                 |  |                          |  |                                     |  |
| FROM CTP   |  |                                     |  |                                 |  |                          |  |                                     |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> LOST<br/> <i>[Signature]</i> </div>                |  |                                     |  |                                 |  |                          |  |                                     |  |

FORM 1150  
1-68Use Previous  
Edition

SECRET

SF.

Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | OLD SALARY | NEW SALARY |
|---------------|--------|-------|-------|-----------|------------|------------|
| FLORES DANIEL | 036130 | 28    | 300   | V GS 08 2 | \$ 7,630   | \$ 7,956   |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | OLD SALARY | NEW SALARY |
|---------------|--------|-------|-------|-----------|------------|------------|
| FLORES DANIEL | 036130 | 28    | 300   | V GS 06 3 | \$ 6,263   | \$ 6,547   |

JLB: 24 JUN 68

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
|--|--|-----------------------------|--|-------------------------|--|----------------------------------|--|--------------------------------------|--|---------------------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                         |  |                                  |  |                                      |  |                                 |  |
| 036130   |  | FLORES DANIEL               |  |                         |  |                                  |  |                                      |  |                                 |  |
| 3. NATURE OF PERSONNEL ACTION                            |  |                             |  |                         |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT            |  |                                 |  |
| PROMOTION  |  |                             |  |                         |  | 06   16   68                     |  | REGULAR                              |  |                                 |  |
| 6. FUNDS   |  | X                           |  | V TO V                  |  | V TO CF                          |  | 7. Financial Analysis No. Chargeable |  | 8. CSC OR OTHER LEGAL AUTHORITY |  |
|  |  |                             |  | CF TO V                 |  | CF TO CF                         |  | 8275 2100 0000                       |  | 50 USC 403 J                    |  |
| 9. ORGANIZATIONAL DESIGNATIONS                           |  |                             |  |                         |  | 10. LOCATION OF OFFICIAL STATION |  |                                      |  |                                 |  |
| ODS/OTR<br>CAREER TRAINING PROGRAM                       |  |                             |  |                         |  | WASH., D.C.                      |  |                                      |  |                                 |  |
| 11. POSITION TITLE                                       |  |                             |  |                         |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION              |  |                                 |  |
| CAREER TRAINEE   |  |                             |  |                         |  | 0748                             |  | SJ                                   |  |                                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)               |  |                             |  | 15. OCCUPATIONAL SERIES |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE                   |  |                                 |  |
| GS   |  |                             |  | 0090.01                 |  | GS 2                             |  | 7630                                 |  |                                 |  |
| 18. REMARKS  |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
|  |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING       |  | 22. STATION CODE                 |  | 23. INTEGRITY CODE                   |  | 24. MONTH CODE                  |  |
| 22   |  | 10                          |  | 26300 CTP               |  | 75013                            |  |                                      |  | 1                               |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE           |  | 27. DATE OF LEI         |  | 28. MONTH CODE                   |  | 29. DATE OF BIRTH                    |  | 30. DATE OF GRADE               |  |
| 06   16   68   |  | 06   16   68                |  | 06   16   68            |  | 06   16   68                     |  | 06   16   68                         |  | 06   16   68                    |  |
| 31. NTE EXPIRES  |  | 32. SPECIAL REFERENCE       |  | 33. RETIREMENT DATA     |  | 34. SEPARATION DATA CODE         |  | 35. Correction - Cancellation Data   |  | 36. SECURITY REQ NO             |  |
|  |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
| 37. VET PREFERENCE                                       |  | 38. SERV COMP DATE          |  | 39. LONG COMP DATE      |  | 40. CAREER CATEGORY              |  | 41. FEGLI / HEALTH INSURANCE         |  | 42. SOCIAL SECURITY NO.         |  |
|  |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
| 43. PREVIOUS CIVILIAN GOVERNMENT SERVICE                 |  |                             |  | 44. LEAVE CAT CODE      |  | 45. FEDERAL TAX DATA             |  |                                      |  | 46. STATE TAX DATA              |  |
|  |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |
|  |  |                             |  |                         |  |                                  |  |                                      |  |                                 |  |

FORM 5-66 1150  
NOV 10-67Use Previous  
Edition

SECRET

JLB

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



**SECRET**  
(When Filled In)

FVD: 10 DEC 67

**NOTIFICATION OF PERSONNEL ACTION**

|  |  |   |   |
|--|--|---|---|
| 1. SERIAL NUMBER<br>030130   |  | 2. NAME (LAST FIRST MIDDLE)<br>FLORES DANIEL  |   |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION AND CHANGE OF SERVICE DESIGNATION   |  |   | 4. EFFECTIVE DATE<br>MO. DA. YR.<br>12   17   67                  |
|  |  |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                              |
| 6. FUNDS   | <input checked="" type="checkbox"/> V TO V<br><input type="checkbox"/> CF TO V | <input type="checkbox"/> V TO CF<br><input type="checkbox"/> CF TO CF   | 7. Financial Analysis No. Chargeable<br>6275 2100 0000            |
|  |  |   | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J                   |
| 9. ORGANIZATIONAL DESIGNATIONS<br>JCS/CTR<br>CAREER TRAINING PROGRAM   |  |   | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.                   |
| 11. POSITION TITLE<br>CAREER TRAINEE   |  |   | 12. POSITION NUMBER<br>0748                                       |
|  |  |   | 13. SERVICE DESIGNATION<br>SJ                                     |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS   | 15. OCCUPATIONAL SERIES<br>0000.01   | 16. GRADE AND STEP<br>07-2  | 17. SALARY OR RATE<br>6859  |
| 18. REMARKS  |  |   |   |
|  |  |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |   |   |
| 19. ACTION CODE<br>22  | 20. EMPLOY CODE<br>10  | 21. OFFICE CODING<br>NUMERIC: 28300<br>ALPHABETIC: CTP  | 22. STATION CODE<br>75013   |
| 23. INTEGREE CODE  | 24. MILEAGE CODE<br>1  | 25. DATE OF BIRTH<br>MO. DA. YR.  | 26. DATE OF GRADE<br>MO. DA. YR.                                  |
| 27. DATE OF LEI<br>MO. DA. YR.   | 28. DATE EXPIRES<br>MO. DA. YR.  | 29. SPECIAL REFERENCE   | 30. RETIREMENT DATA<br>1 - CSC<br>2 - CIA<br>3 - PICA<br>4 - NONE |
| 31. SEPARATION DATA CODE   | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO. DA. YR.                           | 33. SECURITY REQ NO.  | 34. SER   |
| 35. VET PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT<br>2 - 10 PT   | 36. SERV COMP DATE<br>MO. DA. YR.  | 37. LONG COMP DATE<br>MO. DA. YR.   | 38. CAREER CATEGORY<br>CODE 0 - NONE<br>1 - YES<br>2 - NO         |
| 39. FEGLI / HEALTH INSURANCE<br>CODE 0 - WAIVER<br>1 - YES   | 40. SOCIAL SECURITY NO.  | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) | 42. LEAVE CAT CODE  |
| 43. FEDERAL TAX DATA<br>FORM EXECUTED: CODE 1 - YES<br>2 - NO  | 44. STATE TAX DATA<br>FORM EXECUTED: CODE 1 - YES<br>2 - NO                    | 45. SIGNATURE OR OTHER AUTHENTICATION   |   |
| <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p align="center"><b>POSTED</b></p> <p align="center"><i>RW</i></p> <p align="center">12-26-67</p> </div> |  |   |   |

FORM 1150  
8-66

Use Previous  
Edition

**SECRET**

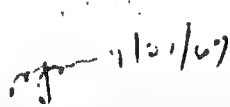
**FVD**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

MAH: 20 SEPT 67

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
|---|--|-----------------------------|------------|-------------------------|-------------------|----------------------------------|-------------------|--------------------------------------|-------------------|---------------------------------|-----------------|-----------------------|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST-FIRST-MIDDLE) |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| 036130  |  | FLORES DANIEL               |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |            |                         |                   | 4. EFFECTIVE DATE                |                   | 5. CATEGORY OF EMPLOYMENT            |                   |                                 |                 |                       |
| CHANGE OF COST CENTER NUMBER  |  |                             |            |                         |                   | 09   07   67                     |                   | REGULAR                              |                   |                                 |                 |                       |
| 6. FUNDS  |  | X                           |            | V TO V                  |                   | V TO CF                          |                   | 7. Financial Analysis No. Chargeable |                   | 8. CSC OR OTHER LEGAL AUTHORITY |                 |                       |
|   |  | CF TO V                     |            | CF TO CF                |                   | 8235 0620 0000                   |                   | 50 USC 403 J                         |                   |                                 |                 |                       |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                             |            |                         |                   | 10. LOCATION OF OFFICIAL STATION |                   |                                      |                   |                                 |                 |                       |
| DDP/WH<br>WH/COG<br>INTELLIGENCE BRANCH<br>OPERATIONS SUPPORT SECTION   |  |                             |            |                         |                   | WASH., D.C.                      |                   |                                      |                   |                                 |                 |                       |
| 11. POSITION TITLE  |  |                             |            |                         |                   | 12. POSITION NUMBER              |                   | 13. SERVICE DESIGNATION              |                   |                                 |                 |                       |
| INTELLIGENCE ASST   |  |                             |            |                         |                   | 1174                             |                   | D                                    |                   |                                 |                 |                       |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                             |            | 15. OCCUPATIONAL SERIES |                   | 16. GRADE AND STEP               |                   | 17. SALARY OR RATE                   |                   |                                 |                 |                       |
| GS  |  |                             |            | 0301.28                 |                   | 06 3                             |                   | 6263                                 |                   |                                 |                 |                       |
| 18. REMARKS   |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| 19. ACTION CODE   | 20. EMPLOY CODE  | 21. OFFICE CODING           |            | 22. STATION CODE        | 23. INTEGREE CODE | 24. MGRS. CODE                   | 25. DATE OF BIRTH |                                      | 26. DATE OF GRADE |                                 | 27. DATE OF LEI |                       |
| 37  | 10   | NUMERIC                     | ALPHABETIC | 75013                   |                   | 1                                | MO                | DA                                   | YR                | MO                              | DA              | YR                    |
|   |  | 51500                       | WH         |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| 28. NTE EXPIRES   |  | 29. SPECIAL REFERENCE       |            | 30. RETIREMENT DATA     |                   | 31. SEPARATION DATA CODE         |                   | 32. CORRECTION/CANCELLATION DATA     |                   | 33. SECURITY REG NO.            |                 | 34. SER               |
| NO  | DA   | YR                          |            | 1 - CSC                 | 2 - CIA           | 3 - PCA                          | 4 - SCRA          | TYPE                                 | MO                | DA                              | YR              |                       |
|   |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| 35. VET. PREFERENCE   |  | 36. SERV. COMP. DATE        |            | 37. LONG COMP. DATE     |                   | 38. CAREER CATEGORY              |                   | 39. FEGLI / HEALTH INSURANCE         |                   | 40. SOCIAL SECURITY NO.         |                 |                       |
| CODE  | 0 - NONE<br>1 - 5 PT<br>2 - 10 PT  | MO                          | DA         | YR                      | MO                | DA                               | YR                | CAR                                  | W/SV              | CODE                            | CODE            | 0 - WAIVER<br>1 - YES |
|   |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  |                             |            | 42. LEAVE CAT CODE      |                   | 43. FEDERAL TAX DATA             |                   |                                      |                   | 44. STATE TAX DATA              |                 |                       |
| CODE  | 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |                             |            |                         |                   | FORM EXECUTED                    |                   | CODE                                 |                   | NO TAX EXEMPTIONS               |                 | FORM EXECUTED         |
|   |  |                             |            |                         |                   | 1 - YES<br>2 - NO                |                   |                                      |                   |                                 |                 | 1 - YES<br>2 - NO     |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |
| <div style="text-align: right;"> <br/>           11/20/67         </div> |  |                             |            |                         |                   |                                  |                   |                                      |                   |                                 |                 |                       |

FORM 1150

Use Previous Edition

SECRET

MAH

 Group 1  
 Excluded from automatic  
 downgrading and  
 declassification

(When Filled In)

SECRET  
(When Filled In)

6-43

Form

| NOTIFICATION OF PERSONNEL ACTION           |  |                             |  |                                  |  |                                |  |                                      |  |
|--|--|-----------------------------|--|----------------------------------|--|--------------------------------|--|--------------------------------------|--|
| OCS 10/07/67                               |  |                             |  |                                  |  |                                |  |                                      |  |
| 1. SERIAL NUMBER                           |  | 2. NAME (LAST-FIRST MIDDLE) |  |                                  |  |                                |  |                                      |  |
| 036130                                     |  | FLORES DANIEL               |  |                                  |  |                                |  |                                      |  |
| 3. NATURE OF PERSONNEL ACTION              |  |                             |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT      |  |                                      |  |
| CONV. TO CAREER EMPLOYEE STATUS            |  |                             |  | 03   11   65                     |  |                                |  |                                      |  |
| 6. FUNDS                                   |  | X                           |  | V TO V                           |  | V TO CF                        |  | 7. FINANCIAL ANALYSIS NO. CHARGEABLE |  |
|  |  | CF TO V                     |  | CF TO CF                         |  |                                |  | 8. CSC OR OTHER LEGAL AUTHORITY      |  |
| 9. ORGANIZATIONAL DESIGNATIONS             |  |                             |  | 10. LOCATION OF OFFICIAL STATION |  |                                |  |                                      |  |
| DDP/WM DIVISION                            |  |                             |  |                                  |  |                                |  |                                      |  |
| 11. POSITION TITLE                         |  |                             |  | 12. POSITION NUMBER              |  | 13. CAREER SERVICE DESIGNATION |  |                                      |  |
|  |  |                             |  |                                  |  | D                              |  |                                      |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) |  | 15. OCCUPATIONAL SERIES     |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE             |  |                                      |  |
|  |  |                             |  |                                  |  |                                |  |                                      |  |
| 18. REMARKS                                |  |                             |  |                                  |  |                                |  |                                      |  |
|  |  |                             |  |                                  |  |                                |  |                                      |  |
| SIGNATURE OR OTHER AUTHENTICATION          |  |                             |  |                                  |  |                                |  |                                      |  |
|  |  |                             |  |                                  |  |                                |  |                                      |  |

FOUNDED  
1967

SECRET

(When Filled In)

MAIL: 28 JULY 67

## NOTIFICATION OF PERSONNEL ACTION

OCF

|  |                       |                                      |                          |
|--|-----------------------|--------------------------------------|--------------------------|
| 1. SERIAL NUMBER   |                       | 2. NAME (LAST-FIRST-MIDDLE)          |                          |
| 036130   |                       | FLORES DANIEL                        |                          |
| 3. NATURE OF PERSONNEL ACTION  |                       | 4. EFFECTIVE DATE                    |                          |
| PROMOTION & PAY ADJUSTMENT TO FULL TIME                                |                       | 07 130167                            |                          |
| 5. CATEGORY OF EMPLOYMENT  |                       | REGULAR                              |                          |
| 6. FUNDS   |                       | 7. Financial Analysis No. Chargeable |                          |
| X V TO V   |                       | 8. CSC OR OTHER LEGAL AUTHORITY      |                          |
| CF TO V  |                       | 8235 1152 0000                       |                          |
| CF TO CF   |                       | 50 USC 403 J                         |                          |
| 9. ORGANIZATIONAL DESIGNATIONS   |                       | 10. LOCATION OF OFFICIAL STATION     |                          |
| DDP/WH<br>WH/COG<br>INTELLIGENCE BRANCH<br>OPERATIONAL SUPPORT SECTION |                       | WASH., D.C.                          |                          |
| 11. POSITION TITLE   |                       | 12. POSITION NUMBER                  |                          |
| INTELLIGENCE ASST  |                       | 1174                                 |                          |
| 13. SERVICE DESIGNATION  |                       | D                                    |                          |
| 14. CLASSIFICATION SCHEDULE (GS, LO, etc.)                             |                       | 15. OCCUPATIONAL SERIES              |                          |
| GS   |                       | 0301.28                              |                          |
| 16. GRADE AND STEP   |                       | 17. SALARY GS RATE                   |                          |
| 06 3   |                       | 6263                                 |                          |
| 18. REMARKS  |                       |                                      |                          |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL               |                       |                                      |                          |
| 19. ACTION CODE  | 20. EMPLOY CODE       | 21. OFFICE CODING                    | 22. STATION CODE         |
| 28   | 10                    | 51500 WH                             | 75013                    |
| 23. DATE OF BIRTH  | 24. DATE OF GRADE     | 25. DATE OF LSI                      |                          |
| 07 30 67   | 07 30 67              | 07 30 67                             |                          |
| 26. HTE EXPIRES  | 27. SPECIAL DEFERMENT | 28. RETIREMENT DATA                  | 29. SEPARATION DATA CODE |
|  |                       |                                      |                          |
| 30. VET PREFERENCE   | 31. SERV COMP DATE    | 32. LONG COMP DATE                   | 33. CAREER CATEGORY      |
|  |                       |                                      |                          |
| 34. PREVIOUS CIVILIAN GOVERNMENT SERVICE                               | 35. LEAVE CAT         | 36. FEDERAL TAX DATA                 | 37. STATE TAX DATA       |
|  |                       |                                      |                          |
| SIGNATURE OR OTHER AUTHENTICATION                                      |                       |                                      |                          |

POSTED

08-27-67

1000 1150

Use Precedence

SECRET

1000 1150

1000 1150

653

|  |      |               |               |                       |      |                |                |                |     |     |
|--|------|---------------|---------------|-----------------------|------|----------------|----------------|----------------|-----|-----|
| 1. Serial No.  |      | 2. Name       |               | 3. Last Letter Number |      | 4. LWOP Status |                |                |     |     |
| 036130   |      | FLORES DANIEL |               | 51 500 V              |      |                |                |                |     |     |
| 5. OLD SALARY RATE   |      |               |               | 6. NEW SALARY RATE    |      |                |                | 7. TYPE ACTION |     |     |
| Grade  | Step | Salary        | Last Pay Date | Grade                 | Step | Salary         | Effective Date | Pst            | Est | Adj |
| GS 05  | 3    | 5,573         | 03/14/65      | GS 05                 | 4    | 5,694          | 03/13/66       |                |     |     |
| 8. Remarks and Authentication  |      |               |               |                       |      |                |                |                |     |     |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS <i>dt</i> AUDITED BY <i>dt</i> |      |               |               |                       |      |                |                |                |     |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.  |      |               |               |                       |      |                |                |                |     |     |
| SIGNATURE: <i>[Signature]</i>  |      |               |               | DATE: 9 FEB 66        |      |                |                |                |     |     |
| <b>PAY CHANGE NOTIFICATION</b>   |      |               |               |                       |      |                |                |                |     |     |

Form 145 500E May 2-65

(4-51)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

| NAME          | SERIAL | ORG. | FUND | GR-STEP   | OLD SALARY | NEW SALARY |
|---------------|--------|------|------|-----------|------------|------------|
| FLORES DANIEL | 036130 | 51   | 500  | V GS 05 4 | \$ 5,694   | \$ 5,859   |

FJH: 21 SEPT 66

SECRET  
(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

|  |                               |                                  |                           |
|--|-------------------------------|----------------------------------|---------------------------|
| 1. SERIAL NUMBER   |                               | 2. NAME (LAST-FIRST-MIDDLE)      |                           |
| 036130   |                               | FLORES DANIEL                    |                           |
| 3. NATURE OF PERSONNEL ACTION  |                               | 4. EFFECTIVE DATE                | 5. CATEGORY OF EMPLOYMENT |
| REASSIGNMENT   |                               | 09   19   66                     | PART TIME                 |
| 6. FUNDS   | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY  |                           |
| X V TO V<br>V TO V<br>V TO V   | 7235 1162 0000                | 50 USC 403 J                     |                           |
| 9. ORGANIZATIONAL DESIGNATIONS                                       |                               | 10. LOCATION OF OFFICIAL STATION |                           |
| DDP/WH<br>WH/C<br>INTELLIGENCE BRANCH<br>OPERATIONAL SUPPORT SECTION |                               | WASH., D.C.                      |                           |
| 11. POSITION TITLE   |                               | 12. POSITION NUMBER              | 13. SERVICE DESIGNATION   |
| INTELLIGENCE CLERK   |                               | 1176                             | D                         |
| 14. CLASSIFICATION SCHEDULE (GS, AB, etc.)                           | 15. OCCUPATIONAL SERIES       | 16. GRADE AND STEP               | 17. SALARY OR RATE        |
| GS   | 0301.27                       | 05 4                             | 5859                      |

REMARKS

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|  |                              |                                |   |                                  |                         |                   |                 |
|--|------------------------------|--------------------------------|---|----------------------------------|-------------------------|-------------------|-----------------|
| 20. ACTION CODE  | 21. EMPLOY CODE              | 22. OFFICE CODING              | 23. STATION CODE  | 24. INTEREST CODE                | 25. DATE OF BIRTH       | 26. DATE OF GRADE | 27. DATE OF LET |
| 7  | 36                           | NUMERIC ALPHABETIC<br>51500 WH | 75013   | 1                                | NO DA YR                | NO DA YR          | NO CA YR        |
| 28. NTE EXPIRES  | 29. SPECIAL REFERENCE        | 30. RETIREMENT DATA            | 31. SEPARATION DATA CODE  | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REG NO.    |                   |                 |
| NO DA YR   | 1. CSC<br>2. PICA<br>3. NONE | CODE                           | TYPE NO DA YR   | XOD DATA                         |                         |                   | 34. SER         |
| 35. PAY PREFERENCE   | 36. SERV COMP DATE           | 37. LONG COMP. DATE            | 38. CAREER CATEGORY   | 39. PEGS / HEALTH INSURANCE      | 40. SOCIAL SECURITY NO. |                   |                 |
| NO DA YR   | NO DA YR                     | NO DA YR                       | CODE NO DA YR   | CODE NO DA YR                    | HEALTH INS CODE         |                   |                 |
| 41. PREVIOUS GOVERNMENT SERVICE DATA   |                              | 42. LEAVE CAT CODE             | 43. FEDERAL TAX DATA  |                                  | 44. STATE TAX DATA      |                   |                 |
| 1. NO PREVIOUS SERVICE<br>2. NO BREAK IN SERVICE<br>3. BREAK IN SERVICE (LESS THAN 3 YRS)<br>4. BREAK IN SERVICE (MORE THAN 3 YRS) |                              | CODE                           | FORM EXECUTED CODE NO TAX DESCRIPTIONS FORM EXECUTED CODE NO TAX DESCRIPTIONS |                                  | STATE TAX DATA          |                   |                 |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

FORM 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

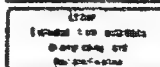
RZF: 28 JAN 66

| NOTIFICATION OF PERSONNEL ACTION   |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
|--|------------------|-----------------------------|------------|------------------------------|-------------------|----------------------------------|-------------------|----------------------------------|-------------------|------------------------|-----------------|
| 1. SERIAL NUMBER   |                  | 2. NAME (LAST-FIRST MIDDLE) |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| 036130   |                  | FLORES DANIEL               |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| 3. NATURE OF PERSONNEL ACTION  |                  |                             |            |                              |                   | 4. EFFECTIVE DATE                |                   | 5. CATEGORY OF EMPLOYMENT        |                   |                        |                 |
| CHG IN STRENGTH COUNT  |                  |                             |            |                              |                   | 01   30   66                     |                   | PART TIME                        |                   |                        |                 |
| 6. FUNDS   |                  | 7 TO 7                      |            | 7 TO 7                       |                   | 7 COST CENTER NO. CHARGEABLE     |                   | 8 CSC OR OTHER LEGAL AUTHORITY   |                   |                        |                 |
| X  |                  |                             |            |                              |                   | 6235 1162 0000                   |                   | 50 USC 403 J                     |                   |                        |                 |
| 9. ORGANIZATIONAL DESIGNATIONS   |                  |                             |            |                              |                   | 10. LOCATION OF OFFICIAL STATION |                   |                                  |                   |                        |                 |
| DDP/WH<br>WH/C<br>INTELLIGENCE BRANCH<br>REPORTS AND REQUIREMENTS SECTION  |                  |                             |            |                              |                   | WASH., D.C.                      |                   |                                  |                   |                        |                 |
| 11. POSITION TITLE   |                  |                             |            |                              |                   | 12. POSITION NUMBER              |                   | 13. SERVICE DESIGNATION          |                   |                        |                 |
| INTELLIGENCE CLERK   |                  |                             |            |                              |                   | 1184                             |                   | D                                |                   |                        |                 |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.)   |                  |                             |            | 15. OCCUPATIONAL SERIES      |                   | 16. GRADE AND STEP               |                   | 17. SALARY OR RATE               |                   |                        |                 |
| GS   |                  |                             |            | 0301.27                      |                   | 05 3                             |                   | 5523                             |                   |                        |                 |
| 18. REMARKS  |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| THIS ACTION CORRECTS COMPUTER CODING TO REFLECT CHANGE IN STRENGTH COUNT OF PART TIME PERSONNEL IN ACCORDANCE WITH PROVISIONS OF HR-20-10, REVISED 21 DECEMBER 1965. |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| 19. ACTION CODE  | 20. EMPLOY. CODE | 21. OFFICE CODING           |            | 22. STATION CODE             | 23. INTEGRAL CODE | 24. HOURS CODE                   | 25. DATE OF BIRTH |                                  | 26. DATE OF GRADE |                        | 27. DATE OF LEL |
| 33   | 36               | NUMERIC                     | ALPHABETIC | 75013                        |                   |                                  | MO DA YR          |                                  | MO DA YR          |                        | MO DA YR        |
|  |                  | 51500 WH                    |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| 28. HTE EXPIRES  |                  | 29. SPECIAL REFERENCE       |            | 30. RETIREMENT DATA          |                   | 31. SEPARATION DATA CODE         |                   | 32. CORRECTION/CANCELLATION DATA |                   | 33. SECURITY REQ NO    |                 |
| MO DA YR   |                  |                             |            | 1. EOL<br>2. FICA<br>3. DONE |                   | TYPE                             |                   | DO DO YR                         |                   | 34. SER                |                 |
|  |                  |                             |            |                              |                   |                                  |                   | EOD DATA                         |                   |                        |                 |
| 35. VET. PREFERENCE  |                  | 36. SERV COMP DATE          |            | 37. LONG COMP. DATE          |                   | 38. CAREER CATEGORY              |                   | 39. FEGLI / HEALTH INSURANCE     |                   | 40. SOCIAL SECURITY NO |                 |
| CODE   |                  | MO DA YR                    |            | MO DA YR                     |                   | CODE                             |                   | CODE                             |                   | CODE                   |                 |
| 0 NONE<br>1 5 YR<br>2 10 YR  |                  |                             |            |                              |                   | 1. YES<br>2. NO                  |                   | 0 WAIVED<br>1. YES<br>2. NO      |                   |                        |                 |
| 41. PREVIOUS GOVERNMENT SERVICE DATA   |                  |                             |            | 42. LEAVE CAT.               |                   |                                  |                   | 43. FEDERAL TAX DATA             |                   |                        |                 |
| CODE   |                  |                             |            | CODE                         |                   |                                  |                   | CODE                             |                   |                        |                 |
| 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 BREAK IN SERVICE (MORE THAN 3 YRS)                                       |                  |                             |            | 1. YES<br>2. NO              |                   |                                  |                   | 1. YES<br>2. NO                  |                   |                        |                 |
|  |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
| SIGNATURE OR OTHER AUTHENTICATION  |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |
|  |                  |                             |            |                              |                   |                                  |                   |                                  |                   |                        |                 |

FORM 1150  
11 62

Use Previous  
Edition

**SECRET**



(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301,  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | OLD<br>SALARY | NEW<br>SALARY |
|---------------|--------|-------|-------|-----------|---------------|---------------|
| FLORES DANIEL | 036130 | 51    | 500   | V GS 05 3 | \$ 5,330      | \$ 5,523      |



25 AUG 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

|  |   |   |   |
|--|---|---|---|
| 1. SERIAL NUMBER<br>036130   |   | 2. NAME (LAST-FIRST-MIDDLE)<br>FLORES DANIEL  |   |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT  |   | 4. EFFECTIVE DATE<br>18 25 65   | 5. CATEGORY OF EMPLOYMENT<br>PART TIME              |
| 6. FUNDS<br>X  | V TO V<br>CF TO V   | V TO CF<br>CF TO CF   | 7. COST CENTER NO. CHARGEABLE<br>6235 1162 (XXX)    |
|  |   | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J   |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH WH/C<br>INTELLIGENCE BRANCH<br>REPORTS AND REQUIREMENTS SECTION |   | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.   |   |
| 11. POSITION TITLE<br>INTELLIGENCE CLERK   |   | 12. POSITION NUMBER<br>1184   | 13. SERVICE DESIGNATION<br>D                        |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS   | 15. OCCUPATIONAL SERIES<br>0301.27  | 16. GRADE AND STEP<br>05 3  | 17. SALARY OR RATE<br>5330                          |
| 18. REMARKS  |   |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |   |   |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>20   | 21. OFFICE CODING<br>NUMERIC 515(X) ALPHABETIC WH   | 22. STATION CODE<br>75(1)3                          |
| 23. INTEGRITY CODE<br>1  | 24. MAGN. CODE  | 25. DATE OF BIRTH<br>MO DA YR   | 26. DATE OF GRADE<br>MO DA YR                       |
| 27. DATE OF LEI<br>MO DA YR  | 28. NTE EXPIRES<br>MO DA YR   | 29. SPECIAL REFERENCE   | 30. RETIREMENT DATA<br>1. CSC<br>2. FICA<br>3. NONE |
| 31. SEPARATION DATA CODE   | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR                                 | 33. SECURITY REQ NO   | 34. SEX   |
| 35. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - B PT<br>2 - 10 PT  | 36. SERV. COMP. DATE<br>MO DA YR  | 37. LONG. COMP. DATE<br>MO DA YR  | 38. CAREER CATEGORY<br>LAW POLY<br>MILIT TEMP       |
| 39. FEGLI / HEALTH INSURANCE<br>CODE CODE 0 - DRIVER<br>1 - YES  | 40. SOCIAL SECURITY NO.   | 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |   |
| 42. LEAVE CAT CODE   | 43. FEDERAL TAX DATA<br>FORM EXEMPTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO | 44. STATE TAX DATA<br>FORM EXEMPTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO   |   |
| 45. SIGNATURE OR OTHER AUTHENTICATION<br><br>J 27 65 W   |   |   |   |

FORM 1150  
11 62

Use Previous  
Edition

SECRET

GROUP 1  
(Excluded from automatic  
downgrading and  
declassification)

(When Filled In)

|  |                 |      |               |    |                                    |      |            |   |                |    |    |      |
|--|-----------------|------|---------------|----|------------------------------------|------|------------|---|----------------|----|----|------|
| 1  | Serial No       | 2    | Name          | 3  | Cost Center Number                 | 4    | LWOP Hours |   |                |    |    |      |
|  | 036130          |      | FLORES DANIEL |    | 49 150 <sup>36F</sup> <sub>V</sub> |      |            |   |                |    |    |      |
| 5.   | OLD SALARY RATE |      |               | 6. | NEW SALARY RATE                    |      |            | 7 | TYPE ACTION    |    |    |      |
|  | Grade           | Step | Salary        |    | Grade                              | Step | Salary     |   | Effective Date | PS | LS | ADJ. |
|  | GS 05           | 2    | \$ 5,165      |    | GS 05                              | 3    | \$ 5,334   |   | 03/14/65       |    |    |      |
| 8 Remarks and Authentication   |                 |      |               |    |                                    |      |            |   |                |    |    |      |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS <i>YKS</i> AUDITED BY <i>WK</i><br>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.<br>SIGNATURE: <i>E. J. Hill</i> DATE: 15 Feb. 1964<br>PAY CHANGE NOTIFICATION |                 |      |               |    |                                    |      |            |   |                |    |    |      |

Form 560  
9-61

Obsolete Previous  
Edition

(4-51)

DLB: 5 FEB 65

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 1. SERIAL NUMBER<br>036130  |  | 2. NAME (LAST-FIRST-MIDDLE)<br>FLORES DANIEL   |  |  |  |  |  |  |  |
| 3. NATURE OF PERSONNEL ACTION<br>PAY ADJUSTMENT TO PART TIME<br>FROM FULL TIME  |  |  |  | 4. EFFECTIVE DATE<br>MO. DA. YR.<br>02   03   65     |  | 5. CATEGORY OF EMPLOYMENT<br>PART TIME   |  |  |  |
| 6. FUNDS<br>X   |  | V TO V   |  | V TO CF  |  | 7. COST CENTER NO. CHARGEABLE<br>5235 1162 0000                                  |  | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J                                |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/SAS<br>COUNTER-INTELLIGENCE STAFF<br>OPERATIONS SECTION   |  |  |  | 10. LOCATION OF OFFICIAL STATION<br>WASH., D. C.     |  |  |  |  |  |
| 11. POSITION TITLE<br>INTELLIGENCE ASST   |  |  |  | 12. POSITION NUMBER<br>1130                          |  | 13. SERVICE DESIGNATION<br>D   |  |  |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |  | 15. OCCUPATIONAL SERIES<br>0301.28   |  | 16. GRADE AND STEP<br>05 2                           |  | 17. SALARY OR RATE<br>5165   |  |  |  |
| 18. REMARKS<br>SUBJECT TO WORK ON REGULARLY SCHEDULED TOUR NOT TO EXCEED 19 HOURS<br>PER WEEK.<br>SUBJECT WILL BE WORKING MONDAY THROUGH FRIDAY, FROM 1400 TO 1700. |  |  |  |  |  |  |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |  |  |  |  |  |  |  |
| 19. ACTION CODE<br>28   |  | 20. EMPLOY CODE<br>38  |  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>49150 SAS |  | 22. STATION CODE<br>75013  |  | 23. INTEGREE CODE  |  |
| 24. DATE OF BIRTH<br>MO. DA. YR.<br>1   |  | 25. DATE OF GRADE<br>MO. DA. YR.<br>03 16 64   |  | 26. DATE OF LEI<br>MO. DA. YR.<br>03 16 64           |  | 27. DATE OF LEI<br>MO. DA. YR.<br>03 16 64                                       |  | 28. DATE OF LEI<br>MO. DA. YR.<br>03 16 64                                     |  |
| 29. SPECIAL REFERENCE   |  | 30. RETIREMENT DATA<br>1. CSC<br>2. PICA<br>3. NONE  |  | 31. SEPARATION DATA CODE                             |  | 32. CORRECTION, CANCELLATION DATA<br>TYPE MO. DA. YR.<br>EOD DATA                |  | 33. SECURITY REQ NO  |  |
| 34. VET. PREFERENCE   |  | 35. SERV. COMP. DATE<br>MO. DA. YR.  |  | 36. LONG. COMP. DATE<br>MO. DA. YR.                  |  | 37. CAREER CATEGORY<br>CAR DESV<br>PRN/ TEMP                                     |  | 38. FEGLI / HEALTH INSURANCE<br>CODE CODE 0. WAIVER 1. YES                     |  |
| 39. SOCIAL SECURITY NO  |  | 40. PREVIOUS GOVERNMENT SERVICE DATA<br>0. NO PREVIOUS SERVICE<br>1. NO BREAK IN SERVICE<br>2. BREAK IN SERVICE LESS THAN 3 YRS<br>3. BREAK IN SERVICE MORE THAN 3 YRS |  | 41. LEAVE CAT CODE                                   |  | 42. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO. TAX EXEMPTIONS<br>1. YES<br>2. NO |  | 43. STATE TAX DATA<br>FORM EXECUTED CODE NO. TAX EXEMPTIONS<br>1. YES<br>2. NO |  |
| SIGNATURE OR OTHER AUTHENTICATION<br>POSTED<br>02/05/65 WK  |  |  |  |  |  |  |  |  |  |

1150

Use Previous  
Edition

SECRET

SECRET  
(When Filled In)

(When Filled In)

DLB: 9 FEB 65

SECRET  
(When Filled In)

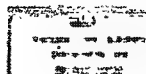
## NOTIFICATION OF PERSONNEL ACTION

|   |  |   |   |
|---|--|---|---|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE)   |   |
| 036130  |  | FLORES DANIEL   |   |
| 3. NATURE OF PERSONNEL ACTION<br>PAY ADJUSTMENT TO PART TIME<br>FROM FULL TIME (CORRECTION)   |  | 4. EFFECTIVE DATE<br>MO DA YR<br>02 08 65                             | 5. CATEGORY OF EMPLOYMENT<br>PART TIME  |
| 6. FUNDS  | <input checked="" type="checkbox"/> V TO V<br><input type="checkbox"/> CF TO V | <input type="checkbox"/> V TO CF<br><input type="checkbox"/> CF TO CF | 7. COST CENTER NO (CHARGEABLE)<br>5235 1162 0000<br>8. CSA OR OTHER LEGAL AUTHORITY<br>50 USC 403 J |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/SAS<br>COUNTER-INTELLIGENCE STAFF<br>OPERATIONS SECTION   |  | 10. LOCATION OF OFFICIAL STATION<br>WASH., D. C.                      |   |
| 11. POSITION TITLE<br>INTELLIGENCE ASST   |  | 12. POSITION NUMBER<br>1130   | 13. SERVICE DESIGNATION<br>D  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  | 15. OCCUPATIONAL SERIES<br>0301.28   | 16. GRADE AND STEP<br>05 2  | 17. SALARY OR RATE<br>5165  |
| 18. REMARKS<br>THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/08/65 AS FOLLOWS:<br>ITEM #19, ACTION CODE, WHICH READ 28, TO READ 31.<br>ITEM #20, EMPLOYEE CODE, WHICH READ 36, TO READ 20. |  |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |   |   |
| 19. ACTION CODE<br>31   | 20. EMPLOY CODE<br>20  | 21. OFFICE CODES<br>NUMERICAL ALPHABETIC<br>49150 SAS                 | 22. STATION CODE<br>75013   |
| 23. INTEGRATE CODE  | 24. EMPLOY CODE  | 25. DATE OF BIRTH<br>MO DA YR<br>03 16 64                             | 26. DATE OF GRADE<br>MO DA YR<br>03 16 64   |
| 27. DATE OF LET   | 28. DATE OF LET  | 29. SECURITY  | 30. LET   |
| 31. DATE OF LET   | 32. DATE OF LET  | 33. SECURITY  | 34. LET   |
| 35. VET PREFERENCE  | 36. SALT EMP DATE  | 37. LONG EMP DATE   | 38. CREDIT CATEGORY   |
| 39. PREGAT/HEALTH INSURANCE   | 40. SOCIAL SECURITY NO   | 41. PREVIOUS GOVERNMENT SERVICE DS-5                                  | 42. LEAVE (ET, ES)  |
| 43. LEAVE (ET, ES)  | 44. PREVIOUS GOVERNMENT SERVICE DS-5   | 45. LEAVE (ET, ES)  | 46. LEAVE (ET, ES)  |
| 47. LEAVE (ET, ES)  | 48. LEAVE (ET, ES)   | 49. LEAVE (ET, ES)  | 50. LEAVE (ET, ES)  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |   |   |
| <b>FOSTED</b><br><i>[Signature]</i>   |  |   |   |

1150

Use Previous  
Edition

SECRET



When Filled In

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

MHC: 6 AUG 64

SECRET  
(When Filled In)

| OCCF NOTIFICATION OF PERSONNEL ACTION                    |                 |                                   |  |                                  |                       |                               |                   |                                  |                 |
|--|-----------------|-----------------------------------|--|----------------------------------|-----------------------|-------------------------------|-------------------|----------------------------------|-----------------|
| 1. SERIAL NUMBER   |                 | 2. NAME (LAST FIRST MIDDLE)       |  |                                  |                       |                               |                   |                                  |                 |
| 036130   |                 | FLORES DANIEL                     |  |                                  |                       |                               |                   |                                  |                 |
| 3. NATURE OF PERSONNEL ACTION                            |                 |                                   |  | 4. EFFECTIVE DATE                |                       | 5. CATEGORY OF EMPLOYMENT     |                   |                                  |                 |
| REASSIGNMENT   |                 |                                   |  | 08 06 64                         |                       | REGULAR                       |                   |                                  |                 |
| 6. FUNDS   |                 | 7. V TO V                         |  | 8. V TO CF                       |                       | 9. COST CENTER NO. CHARGEABLE |                   | 10. CSC OR OTHER LEGAL AUTHORITY |                 |
| X  |                 |                                   |  |                                  |                       | 5235 1162 0000                |                   | 50 USC 403 J                     |                 |
| 9. ORGANIZATIONAL DESIGNATIONS                           |                 |                                   |  | 10. LOCATION OF OFFICIAL STATION |                       |                               |                   |                                  |                 |
| DDP/SAS<br>COUNTER-INTELL STAFF<br>OPERATIONS SECTION    |                 |                                   |  | WASH., D.C.                      |                       |                               |                   |                                  |                 |
| 11. POSITION TITLE                                       |                 |                                   |  | 12. POSITION NUMBER              |                       | 13. SERVICE DESIGNATION       |                   |                                  |                 |
| INTELLIGENCE ASST  |                 |                                   |  | 1130                             |                       | D                             |                   |                                  |                 |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)               |                 | 15. OCCUPATIONAL SERIES           |  | 16. GRADE AND STEP               |                       | 17. SALARY OR RATE            |                   |                                  |                 |
| GS   |                 | 0301.28                           |  | 05 2                             |                       | 4850                          |                   |                                  |                 |
| 18. REMARKS  |                 |                                   |  |                                  |                       |                               |                   |                                  |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |                 |                                   |  |                                  |                       |                               |                   |                                  |                 |
| 19. ACTION CODE  | 20. EMPLOY CODE | 21. OFFICE CODING                 |  | 22. STATION CODE                 | 23. INTELLIGENCE CODE | 24. HOURS CODE                | 25. DATE OF BIRTH | 26. DATE OF GRADE                | 27. DATE OF LET |
| 37   | 10              | NUMERICAL ALPHABETIC<br>49150 SAS |  | 75013                            |                       | 1                             |                   |                                  |                 |
| 28. NTE EXPIRES  |                 | 29. SPECIAL REQUIREMENTS          |  | 30. RETIREMENT DATA              |                       | 31. SEPARATION DATA CODE      |                   | 32. CORRECTION/CANCELLATION DATA |                 |
|  |                 |                                   |  |                                  |                       |                               |                   | EOD DATA                         |                 |
| 33. DEF. PREFERENCE                                      |                 | 34. SERV COMP DATE                |  | 35. LONG COMP DATE               |                       | 36. CAREER CATEGORY           |                   | 37. PEST / HEALTH INSURANCE      |                 |
|  |                 |                                   |  |                                  |                       |                               |                   |                                  |                 |
| 38. PREVIOUS GOVERNMENT SERVICE DATA                     |                 |                                   |  | 39. LEAVE CAT CODE               |                       | 40. FEDERAL TAX DATA          |                   | 41. STATE TAX DATA               |                 |
|  |                 |                                   |  |                                  |                       |                               |                   |                                  |                 |
| SIGNATURE OR OTHER AUTHENTICATION                        |                 |                                   |  |                                  |                       |                               |                   |                                  |                 |

FORM 1150

Use Previous Edition

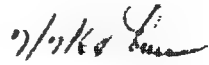
SECRET

6 AUG 1964



(When Filled In)

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |                            |                        |           |                                 |                              |                                |                               |  |
|---|--|----------------------------|------------------------|-----------|---------------------------------|------------------------------|--------------------------------|-------------------------------|--|
| ADPD 07/01/64   |  |                            |                        |           |                                 |                              |                                |                               |  |
| 1 SERIAL NUMBER   |  | 2 NAME (LAST FIRST MIDDLE) |                        |           |                                 |                              |                                |                               |  |
| 036130  |  | FLCRBS DANIEL              |                        |           |                                 |                              |                                |                               |  |
| 3 NATURE OF PERSONNEL ACTION  |  |                            |                        |           | 4 EFFECTIVE DATE                |                              | 5 CATEGORY OF EMPLOYMENT       |                               |  |
| REASSIGNMENT  |  |                            |                        |           | 06   19   64                    |                              |                                |                               |  |
| 6 FUNDS   |  | V TO V                     |                        | V TO (1)  |                                 | 7 COST (ENTER NO CHARGEABLE) |                                | 8 CV OR OTHER LEGAL AUTHORITY |  |
|   |  | (1 TO V                    |                        | (1 TO (1" |                                 | 4232 1000 1000               |                                |                               |  |
| 9 ORGANIZATIONAL DESIGNATIONS   |  |                            |                        |           | 10 LOCATION OF OFFICIAL STATION |                              |                                |                               |  |
| BDP/SAS<br>INTELL ST OPS SUP SEC  |  |                            |                        |           | WASH., D. C.                    |                              |                                |                               |  |
| 11 POSITION TITLE   |  |                            |                        |           | 12 POSITION NUMBER              |                              | 13 CARRIER SERVICE DESIGNATION |                               |  |
| TRANSLATOR  |  |                            |                        |           | 0922                            |                              | D                              |                               |  |
| 14 CLASSIFICATION SCHEDULE (GS, LO OR)  |  |                            | 15 OCCUPATIONAL SERIES |           | 16 GRADE AND STEP               |                              | 17 SALARY OR RATE              |                               |  |
| 08  |  |                            | 1049.01                |           | 09                              |                              |                                |                               |  |
| 18 REMARKS  |  |                            |                        |           |                                 |                              |                                |                               |  |
|   |  |                            |                        |           |                                 |                              |                                |                               |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                            |                        |           |                                 |                              |                                |                               |  |
| <div style="text-align: right;">  </div> |  |                            |                        |           |                                 |                              |                                |                               |  |

|  |      |               |               |                       |      |               |                |
|--|------|---------------|---------------|-----------------------|------|---------------|----------------|
| 1. Serial No   |      | 2. Name       |               | 3. Cost Center Number |      | 4. LWOP Hours |                |
| 036130   |      | FLORES DANIEL |               | 49 350                |      | 38F V         |                |
| 5. OLD SALARY RATE   |      |               |               | 6. NEW SALARY RATE    |      |               |                |
| Grade  | Step | Salary        | Last Eff Date | Grade                 | Step | Salary        | Effective Date |
| GS 04  | 2    | \$ 4,355      | 03/17/63      | GS 04                 | 3    | \$ 4,495      | 03/15/64       |
| 7. TYPE ACTION   |      |               |               |                       |      |               |                |
| PSI ISI ADJ  |      |               |               |                       |      |               |                |
| 8. Remarks and Authentication  |      |               |               |                       |      |               |                |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS AUDITED BY<br><br>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.<br>SIGNATURE: [Signature] DATE: 31 Jan 1964<br>PAY CHANGE NOTIFICATION |      |               |               |                       |      |               |                |

Form 961 560

Obsolete Previous Edition

(431)

|  |  |                     |  |                          |  |                                  |  |                             |  |                        |  |
|--|--|---------------------|--|--------------------------|--|----------------------------------|--|-----------------------------|--|------------------------|--|
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                     |  |                          |  |                                  |  |                             |  |                        |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE     |  | 21. OFFICE CODING        |  | 22. STATION CODE                 |  | 23. INTEGREE CODE           |  | 24. HAZARD CODE        |  |
| 22   |  | 10                  |  | 49350 SAS                |  | 75013                            |  | 1                           |  |                        |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE   |  | 27. DATE OF LET          |  | 28. DATE OF BIRTH                |  | 29. DATE OF GRADE           |  | 30. DATE OF LET        |  |
| 03 15 64   |  | 03 15 64            |  | 03 15 64                 |  | 03 15 64                         |  | 03 15 64                    |  | 03 15 64               |  |
| 31. SPECIAL REFERENCE                                    |  | 32. RETIREMENT DATA |  | 33. SEPARATION DATA CODE |  | 34. CORRECTION/CANCELLATION DATA |  | 35. SECURITY REQ NO         |  | 36. SEC                |  |
|  |  |                     |  |                          |  |                                  |  | EOD DATA                    |  |                        |  |
| 37. VET PREFERENCE                                       |  | 38. SERV. COMP DATE |  | 39. LONG COMP DATE       |  | 40. CAREER CATEGORY              |  | 41. PEGS / HEALTH INSURANCE |  | 42. SOCIAL SECURITY NO |  |
| CODE   |  | NO DA TO            |  | NO DA TO                 |  | CODE                             |  | CODE                        |  | CODE                   |  |
| 1 NONE   |  | 1 NONE              |  | 1 NONE                   |  | 1 NONE                           |  | 1 NONE                      |  | 1 NONE                 |  |
| 2 10 PT  |  | 2 10 PT             |  | 2 10 PT                  |  | 2 10 PT                          |  | 2 10 PT                     |  | 2 10 PT                |  |
| 43. PREVIOUS GOVERNMENT SERVICE DATA                     |  |                     |  | 44. LEAVE CAT CODE       |  |                                  |  | 45. FEDERAL TAX DATA        |  |                        |  |
| CODE   |  |                     |  | CODE                     |  |                                  |  | CODE                        |  |                        |  |
| 1 NO PREVIOUS SERVICE                                    |  |                     |  | 1 YES                    |  |                                  |  | 1 YES                       |  |                        |  |
| 2 BREAK IN SERVICE LESS THAN 3 YRS                       |  |                     |  | 2 NO                     |  |                                  |  | 2 NO                        |  |                        |  |
| 3 BREAK IN SERVICE MORE THAN 3 YRS                       |  |                     |  |                          |  |                                  |  |                             |  |                        |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                     |  |                          |  |                                  |  |                             |  |                        |  |
| POSTED<br>03/12/64 ZK                                    |  |                     |  |                          |  |                                  |  |                             |  |                        |  |

FORM 1150 11 62

Use Previous Edition

SECRET

131111 131111

When Filled In



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DOD  
MEMORANDUM DATED 1 AUGUST 1986, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 3 JANUARY 1984.

| NAME          | SERIAL | ORGAN FUNDS | GR-ST     | OLD<br>SALARY | NEW<br>SALARY |
|---------------|--------|-------------|-----------|---------------|---------------|
| FLORES DANIEL | 036130 | 49 350      | V GS 04 2 | \$ 4,250      | \$ 4,395      |

SECRET  
(When Filled In)

RZF: 3 MAY 83

| NOTIFICATION OF PERSONNEL ACTION   |  |                               |  |                                 |  |   |  |                                  |  |
|--|--|-------------------------------|--|---------------------------------|--|---|--|----------------------------------|--|
| 1 SERIAL NUMBER  |  | 2 NAME (LAST-FIRST MIDDLE)    |  |                                 |  |   |  |                                  |  |
| 036130   |  | FLORES DANIEL                 |  |                                 |  |   |  |                                  |  |
| 3 NATURE OF PERSONNEL ACTION   |  |                               |  | 4 EFFECTIVE DATE                |  | 5 CATEGORY OF EMPLOYMENT  |  |                                  |  |
| REASSIGNMENT   |  |                               |  | 05 09 83                        |  | REGULAR   |  |                                  |  |
| 6 FUNDS  |  | 7. COST CENTER NO. CHARGEABLE |  | 8. CSC OR OTHER LEGAL AUTHORITY |  | 9. ORGANIZATIONAL DESIGNATIONS  |  | 10. LOCATION OF OFFICIAL STATION |  |
| X  |  | 3232 1000 1000                |  | 50 USC 403 J                    |  | DDP/SPECIAL AFFAIRS STAFF<br>RESEARCH BRANCH<br>REPORTS, RECORDS, TRANSLATION SEC |  | WASH., D.C.                      |  |
| 11. POSITION TITLE   |  |                               |  | 12. POSITION NUMBER             |  | 13. SERVICE DESIGNATION   |  |                                  |  |
| TRANSLATOR   |  |                               |  | 0702                            |  | D   |  |                                  |  |
| 14 CLASSIFICATION SCHEDULE (GS, LS, etc.)  |  | 15. OCCUPATIONAL SERIES       |  | 16 GRADE AND STEP               |  | 17 SALARY OR RATE   |  |                                  |  |
| GS   |  | 0031.01                       |  | 04 2                            |  | 4250  |  |                                  |  |
| 18 REMARKS   |  |                               |  |                                 |  |   |  |                                  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                               |  |                                 |  |   |  |                                  |  |
| 19 ACTION CODE   |  | 20 OFFICE CODING              |  | 21 STATION CODE                 |  | 22 INTEGRATE CODE   |  | 23 DATE OF BIRTH                 |  |
| 37   |  | 10                            |  | 01350                           |  | SAS   |  | 75013                            |  |
| 24 DATE EXPIRES  |  | 25 SPECIAL REFERENCE          |  | 26 RETIREMENT DATA              |  | 27 SEPARATION DATA CODE   |  | 28 CORRECTION/CANCELLATION DATA  |  |
| 00   |  | 00                            |  | 00                              |  | 00  |  | 00                               |  |
| 29 NET PREFERENCE  |  | 30 MRP (CSP) DATE             |  | 31 LONG (CSP) DATE              |  | 32 CARRIER CATEGORY   |  | 33 PECT / HEALTH INSURANCE       |  |
| 00   |  | 00                            |  | 00                              |  | 00  |  | 00                               |  |
| 34 PREVIOUS GOVERNMENT SERVICE DATA  |  | 35 LEAVE CAT                  |  | 36 FEDERAL TAX DATA             |  | 37 STATE TAX DATA   |  | 38 SOCIAL SECURITY NO            |  |
| 00   |  | 00                            |  | 00                              |  | 00  |  | 00                               |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                               |  |                                 |  |   |  |                                  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> 12 May 83 J.D. </div> |  |                               |  |                                 |  |   |  |                                  |  |

SECRET

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AMPD 07/31/63

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| 1 SERIAL NUMBER                   |  | 2 NAME (LAST FIRST MIDDLE)               |  |
| 036130                            |  | FLORES DANIEL                            |  |
| 3 NATURE OF PERSONNEL ACTION      |  | 4 EFFECTIVE DATE                         |  |
| REASSIGNMENT                      |  | 07   21   63                             |  |
| 5 CATEGORY OF EMPLOYMENT          |  | 6 CSC OR OTHER LEGAL AUTHORITY           |  |
| 7 COST CENTER NO. CHARGEABLE      |  | 8 CSC OR OTHER LEGAL AUTHORITY           |  |
| 4232 1000 1000                    |  |  |  |
| 9 ORGANIZATIONAL DESIGNATIONS     |  | 10 LOCATION OF OFFICIAL STATION          |  |
| DDP/SAS                           |  | WASH., D.C.                              |  |
| 11 POSITION TITLE                 |  | 12 POSITION NUMBER                       |  |
| TRANSLATOR                        |  | 0702                                     |  |
| 13 CAREER SERVICE DESIGNATION     |  | 14 CLASSIFICATION SCHEDULE (GS 18, etc.) |  |
| D                                 |  | GS                                       |  |
| 15 OCCUPATIONAL SERIES            |  | 16 GRADE AND STEP                        |  |
| 1045:01                           |  | 04                                       |  |
| 17 SALARY OR RATE                 |  | 18 REMARKS                               |  |
|                                   |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION |  | 10/14/63 JK                              |  |

Form 1150P  
1-63

Use Previous  
Edition

SECRET  
2 1963

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

2061200

|   |      |               |              |                       |      |               |                |                |     |      |
|---|------|---------------|--------------|-----------------------|------|---------------|----------------|----------------|-----|------|
| 1. Serial No.   |      | 2. Name       |              | 3. Cost Center Number |      | 4. LWOP Hours |                |                |     |      |
| 036130  |      | FLORES DANIEL |              | 39 400 V 9            |      |               |                |                |     |      |
| 5. OLD SALARY RATE  |      |               |              | 6. NEW SALARY RATE    |      |               |                | 7. TYPE ACTION |     |      |
| Grade   | Step | Salary        | Last EW Date | Grade                 | Step | Salary        | Effective Date | PSI            | LSI | ADJ. |
| GS 04   | 1    | \$ 4,110      | 03/11/62     | GS 04                 | 2    | \$ 4,250      | 03/17/63       |                |     |      |
| 8. Remarks and Authentication   |      |               |              |                       |      |               |                |                |     |      |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS AUDITED BY<br>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.<br>SIGNATURE: <i>[Signature]</i> DATE 7 Feb, 1963<br>PAY CHANGE NOTIFICATION <i>[Signature]</i> |      |               |              |                       |      |               |                |                |     |      |

Form 560  
9-61

Obsolete Previous  
Edition

(431)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.  
 EFFECTIVE 14 OCTOBER 1962

| NAME          | SERIAL | ORGN  | FUNDS | OLD<br>GR-ST SALARY | OLD<br>GR-ST SALARY | NEW<br>GR-ST SALARY | NEW<br>GR-ST SALARY |
|---------------|--------|-------|-------|---------------------|---------------------|---------------------|---------------------|
| FLORES DANIEL | 036130 | 39400 | V     | 04 1 \$ 4040        | 04 1 \$ 4110        |                     |                     |

BWS: 13 MARCH 62

SECRET  
(When Filled In)

| OAF   |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  | NOTIFICATION OF PERSONNEL ACTION |  |                   |  |                 |  |  |  |  |  |  |  |
|---|--|-----------------------|--|------------------------------|--|----------------------------------|--|----------------------------------|--------------------------------|---------------------------------|--|----------------------------------|--|-------------------|--|-----------------|--|--|--|--|--|--|--|
| 1. SERIAL NUMBER  |  |                       |  | 2. NAME (LAST FIRST MIDDLE)  |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 036130  |  |                       |  | FLORES DANIEL                |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                       |  |                              |  | 4. EFFECTIVE DATE                |  |                                  | 5. CATEGORY OF EMPLOYMENT      |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| EXCEPTED APPOINTMENT<br>(CAREER PROVISIONAL)  |  |                       |  |                              |  | 03   11   62                     |  |                                  | REGULAR                        |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 6. FUNDS  |  | X                     |  | V TO V                       |  | V TO CF                          |  | 7. COST CENTER NO. CHARGEABLE    |                                | 8. CSC OR OTHER LEGAL AUTHORITY |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
|   |  |                       |  | CF TO V                      |  | CF TO CF                         |  | 2226 1200 1000                   |                                | 50 USC 403 J                    |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                       |  |                              |  | 10. LOCATION OF OFFICIAL STATION |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| DDP OPSER<br>R I DIV<br>REFERENCE BRANCH<br>INDEX SECTION - NIGHT SHIFT   |  |                       |  |                              |  | WASH., D. C.                     |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 11. POSITION TITLE  |  |                       |  |                              |  | 12. POSITION NUMBER              |  |                                  | 13. CAREER SERVICE DESIGNATION |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| FILE CLERK  |  |                       |  |                              |  | 0147                             |  |                                  | D                              |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc)   |  |                       |  | 15. OCCUPATIONAL SERIES      |  |                                  |  | 16. GRADE AND STEP               |                                | 17. SALARY OR RATE              |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| GS  |  |                       |  | 0305.01                      |  |                                  |  | 04 1                             |                                | 4040                            |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 18. REMARKS   |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| SUBJECT TO THE SATISFACTORY COMPLETION OF A TRIAL PERIOD OF ONE YEAR.<br>SUBJECT TO THE SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION. |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 19. ACTION CODE   |  | 20. EMPLOY CODE       |  | 21. OFFICE CODING            |  | 22. STATION CODE                 |  | 23. INTEGREE CODE                |                                | 24. HOURS                       |  | 25. DATE OF BIRTH                |  | 26. DATE OF GRADE |  | 27. DATE OF LEI |  |  |  |  |  |  |  |
| 11  |  | 10                    |  | 39400 RI                     |  | 75013                            |  |                                  |                                | 1                               |  | MO DA YR                         |  | MO DA YR          |  | MO DA YR        |  |  |  |  |  |  |  |
|   |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  | 03   11   62                     |  | 03   11   62      |  | 03   11   62    |  |  |  |  |  |  |  |
| 28. NTE EXPIRES   |  | 29. SPECIAL REFERENCE |  | 30. RETIREMENT DATA          |  | 31. SEPARATION DATA CODE         |  | 32. CORRECTION/CANCELLATION DATA |                                | 33. SECURITY REG NO.            |  | 34. SEX                          |  |                   |  |                 |  |  |  |  |  |  |  |
| MO DA YR  |  |                       |  | 1. CSC<br>2. RIFA<br>3. NONE |  | CODE                             |  | TYPE MO DA YR                    |                                | EOD DATA                        |  | 07100                            |  | MI                |  |                 |  |  |  |  |  |  |  |
| 35. VET PREFERENCE  |  | 36. SERV COMP DATE    |  | 37. LONG COMP DATE           |  | 38. MIL. SERV CREDIT/LEO         |  | 39. PEGIT / HEALTH INSURANCE     |                                | 40. SOCIAL SECURITY NO.         |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| CODE  |  | MO DA YR              |  | MO DA YR                     |  | 1. YES<br>2. NO                  |  | CODE                             |                                | 460486230                       |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 0   |  | 03   11   58          |  | 03   11   62                 |  | P                                |  | 1                                |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA  |  |                       |  | 42. LEAVE CAT                |  |                                  |  | 43. FEDERAL TAX DATA             |                                |                                 |  | 44. STATE TAX DATA               |  |                   |  |                 |  |  |  |  |  |  |  |
| CODE  |  |                       |  | CODE                         |  |                                  |  | CODE                             |                                |                                 |  | CODE                             |  |                   |  |                 |  |  |  |  |  |  |  |
| 0   |  |                       |  | 6                            |  |                                  |  | 1                                |                                |                                 |  | 0                                |  |                   |  |                 |  |  |  |  |  |  |  |
| 0   |  |                       |  | 1                            |  |                                  |  | 0                                |                                |                                 |  | 08                               |  |                   |  |                 |  |  |  |  |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |
|   |  |                       |  |                              |  |                                  |  |                                  |                                |                                 |  |                                  |  |                   |  |                 |  |  |  |  |  |  |  |

CLASSIFICATION

## FITNESS REPORT

## SECTION A

## GENERAL INFORMATION

|  |                                  |                                    |                                  |  |                                       |
|--|----------------------------------|------------------------------------|----------------------------------|--|---------------------------------------|
| 1. EMPLOYEE NUMBER                         | 2. NAME (Last, first, middle)    | 3. DATE OF BIRTH                   | 4. SEX                           | 5. GRADE                                   | 6. SSN                                |
|  | Flores, Daniel                   |                                    | M                                | GS13                                       | DQG                                   |
| 7. OFFICIAL POSITION TITLE                 | 8. OFF/DIVISION OF ASSIGNMENT    | 9. REPORT PERIOD                   | 10. REPORT TYPE                  | 11. NGS                                    | 12. DE                                |
| Ops. Officer                               | DDO/LA                           |                                    |                                  |  |                                       |
| 11. TYPE OF APPOINTMENT                    |                                  | 12. TYPE OF REPORT                 |                                  |  |                                       |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> INITIAL | <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT |
| <input type="checkbox"/> CONTRACT          | <input type="checkbox"/> SPECIAL | <input type="checkbox"/> OTHER     | 13. REPORTING PERIOD (FROM-TO)   |  |                                       |
|  |                                  | 14. DATE REPORT DUE IN U.P.        |                                  |  |                                       |
|  |                                  | 10Oct78 - 30Sep79                  |                                  |  |                                       |

## SECTION B

## QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

## SECTION C

## PERFORMANCE EVALUATION

|                         |   |
|-------------------------|---|
| <b>U—Unsatisfactory</b> | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |
| <b>M—Marginal</b>       | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  |
| <b>P—Proficient</b>     | Performance is satisfactory. Desired results are being produced in the manner expected.   |
| <b>S—Strong</b>         | Performance is characterized by exceptional proficiency.  |
| <b>O—Outstanding</b>    | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |

## SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                      |
|--|----------------------|
| <b>SPECIFIC DUTY NO. 1</b>                               | <b>RATING LETTER</b> |
| SEE ATTACHED TELEPOUCH 51744 (in 3383966) dtd 13 Nov 79. |                      |
| <b>SPECIFIC DUTY NO. 2</b>                               | <b>RATING LETTER</b> |
|  |                      |
| <b>SPECIFIC DUTY NO. 3</b>                               | <b>RATING LETTER</b> |
|  |                      |
| <b>SPECIFIC DUTY NO. 4</b>                               | <b>RATING LETTER</b> |
|  |                      |
| <b>SPECIFIC DUTY NO. 5</b>                               | <b>RATING LETTER</b> |
|  |                      |
| <b>SPECIFIC DUTY NO. 6</b>                               | <b>RATING LETTER</b> |
|  |                      |

## OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal personal traits or habits, and particular strengths or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

CLASSIFICATION

FORM 43 USE PREVIOUS EDITIONS

11-78 (MAY 78) 11-78

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet.

NOV 15 3 01 PM '79  
MAIL ROOM

SEE ATTACHED.

## SECTION E

## CERTIFICATION AND COMMENTS

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

13 Nov 79

OFFICIAL TITLE OF SUPERVISOR

DCOS

TYPED OR PRINTED NAME AND SIGNATURE

Robert Berg./S/

## 2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

13 Nov 79

SIGNATURE OF EMPLOYEE

Daniel Flores /S/

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

SEE ATTACHED.

DATE

13 Nov 79

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

TYPED OR PRINTED NAME AND SIGNATURE

/S/

## 4. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE REVIEWER'S EVALUATION OF MY PERFORMANCE.

DATE

13 Nov 79

SIGNATURE OF EMPLOYEE

Daniel Flores /S/

CLASSIFICATION

/20/ \*EYES ONLY\*

CONFIDENTIAL

FRP: . . . . .

**EYES ONLY**

DEFERRED TELEPOUCH

ACTION: C/LA-5 (653) INFO: RF, FILE, (7/h)

79 3383966

PAGE 001  
TOR: 132307Z NOV 79

3383966

CONFIDENTIAL 132241Z NOV 79 DEFERRED TELEPOUCH

CITE [REDACTED]

TO: WASHINGTON.

FOR: C/LA/PERS

SUBJECT: ADMIN/RBAT/PERS/FR FOR [REDACTED]

*Daniel Flores*

1. GIVEN BELOW IS THE FITNESS REPORT FOR [REDACTED] FOR THE PERIOD 1 OCT 78 TO 30 SEP 79. RATINGS ON SPECIFIC DUTIES AND NARRATIVE COMMENTS WERE PREPARED BY HAROLD N. CHALDEZ, DCOS. REVIEWING COMMENTS WERE PREPARED BY RONALD F. BRIERLEY, COS. THE REPORT HAS BEEN REVIEWED AND CERTIFIED BY SUBJECT. SIGNED COPY OF FORM 45A BEING POUCHED.

2. THE FOLLOWING INFO IS KEYED TO FORM 45N, SECTION A:  
1. 03h130; 4. M; 5. GS-13; 6. DOG; 9. [REDACTED] 10. CAREER;  
11. ANNUAL; 12. 1 OCT 78 TO 30 SEP 79.

3. SECTION B. PERFORMANCE EVALUATION - SPECIFIC DUTIES:  
1. DIRECTS THE ACTIVITIES OF AN [REDACTED] MAN CI [REDACTED] TEAM RESPONSIBLE TO THE STATION. RATING LETTER - S.

2. RESPONSIBLE FOR TARGETTING CI OPERATIONS AGAINST [REDACTED] AND [REDACTED] IN [REDACTED]. RATING LETTER - S.

3. CASE OFFICER FOR AGENTS AND OPERATIONS DIRECTED AGAINST THE [REDACTED] TARGET. RATING LETTER - S.

4. SUPPORTS STATION OPERATIONS AND ACTIVITIES DIRECTED AGAINST THE [REDACTED] AND OTHER TARGETS.

5. CASE OFFICER FOR [REDACTED]. RATING LETTER - S.

OVERALL RATING - STRONG.

0-632 [REDACTED] C O N F I D E N T I A L

CONFIDENTIAL

CONFIDENTIAL

DEFERRED TELEPOUCH

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TOR: 132307Z NOV 79

3383966

4. SECTION C - NARRATIVE COMMENTS.

SHORTLY BEFORE THE DEPARTURE OF THE FORMER COS, HE SUBMITTED A SPECIAL MEMORANDUM ON SUBJECT'S PERFORMANCE ( ) WHICH CONCENTRATED MOSTLY ON SUBJECT'S RESPONSIBILITIES IN THE CI FIELD. A COPY OF THIS MEMORANDUM IS AVAILABLE IN SUBJECT'S PERSONNEL FILE. THE UNDERSIGNED FULLY ENDORSES THE LAUDATORY COMMENTS IN THAT MEMORANDUM, BUT SINCE SUBJECT HAS TAKEN ON BROADER RESPONSIBILITIES, IT IS NECESSARY TO COMMENT ON OTHER ASPECTS OF HIS WORK.

FOR THE PAST MONTHS, SUBJECT HAS BEEN DIVIDING HIS TIME ABOUT EQUALLY BETWEEN HIS CI RESPONSIBILITIES AND OTHER STATION OBJECTIVES, PRINCIPALLY THE ( ) TARGET. SUBJECT WAS GIVEN THESE ADDITIONAL DUTIES BECAUSE THE CI OPERATIONS GROUP IS WELL ORGANIZED AND REQUIRES LESS DIRECT C/O INPUT, AND ALSO BECAUSE OF THE NEED TO DEDICATE ALL AVAILABLE RESOURCES AGAINST THE ( ) TARGET. THIS STATION IS ( ) OF ( ) WITHIN THE DIRECTORATE WHICH HAVE BEEN SELECTED FOR A CONCENTRATED EFFORT AGAINST ( ) AND THIS TARGET NOW RANKS NUMBER ONE AMONG THE STATION'S MANY PRIORITY OBJECTIVES. SUBJECT'S PAST EXPERIENCE IN ( ) OPERATIONS, HIS ABILITY TO ( ) AS A ( ) IN THIS COUNTRY, AND HIS OTHER STRENGTHS, WERE THE INGREDIENTS WHICH THE STATION NEEDED TO EXPLOIT IN THIS EFFORT.

SUBJECT HAS TAKEN OVER THE PRINCIPAL STATION OPERATION DIRECTED AGAINST ( ). THIS WAS A FAIRLY NEW OPERATION AT THE TIME IT WAS ASSIGNED TO SUBJECT AND IT WILL MATURE UNDER HIS DIRECTION. FOR REASONS OF SENSITIVITY, A MORE DETAILED REVIEW OF SUBJECT'S WORK ON THIS OPERATION CANNOT BE PROVIDED, BUT THE RECORD SHOULD NOTE THAT DURING THE PAST THREE MONTHS, HE HAS HANDLED THIS OPERATION IN A THOROUGHLY PROFESSIONAL MANNER WITH STEADY PROGRESS BEING MADE TO FULLY EXPLOIT THE OPERATIONAL AND REPORTING POTENTIAL. ALSO DURING THIS REPORTING PERIOD, SUBJECT RENEWED CONTACT THROUGH HIS OWN EFFORTS WITH A FORMER REPORTING ASSET WHO HAD DRIFTED AWAY FROM COLLABORATION WITH THE ORGANIZATION. SUBJECT IS NOW ATTEMPTING TO BREATHE NEW LIFE INTO THIS OPERATION AND BRING IT BACK UNDER CONTROL.

SUBJECT ALSO COOPERATED WITH ANOTHER GOVERNMENT AGENCY IN ATTEMPTING TO RE-ESTABLISH CONTACT WITH A ( )

CONFIDENTIAL



CONFIDENTIAL

DEFERRED TELEPOUCH

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.....  
[REDACTED] DURING THE TARGET'S VISIT TO THE [REDACTED] AREA. SUBJECT WAS IN CHARGE OF COORDINATING THIS OPERATION WITH [REDACTED] AND WITH THE OTHER AGENCY. THE OPERATION WAS SUCCESSFUL FROM THE POINT OF VIEW OF ARRANGING A MEETING WITH THE TARGET, BUT SINCE THE TARGET'S RETURN TO THE [REDACTED] HE HAS REFUSED EFFORTS BY SUBJECT TO CONTINUE CONTACT.

ANOTHER EFFORT AGAINST THE [REDACTED] TARGET UNDER SUBJECT'S RESPONSIBILITY INVOLVES THE RESOURCES OF THE SPECIAL CI OPERATIONS GROUP. FOR SOME MONTHS NOW, THIS GROUP HAS BEEN TRYING TO MOUNT A [REDACTED] AND PROSPECTS REMAIN ENCOURAGING THAT THIS EFFORT WILL SOON BE OPERATIONAL. THIS IS A FAIRLY COMPLEX UNDERTAKING WHICH REQUIRES PATIENCE AND AN ELEMENT OF GOOD LUCK IN ORDER TO BE SUCCESSFUL. SUBJECT DESERVES CONSIDERABLE CREDIT FOR THE PROGRESS MADE THUS FAR AND IF EVERYTHING GOES ACCORDING TO PLAN, THIS OPERATION SHOULD BE PRODUCING WITHIN A SHORT PERIOD OF TIME.

APART FROM HIS WORK AGAINST THE [REDACTED] TARGET, SUBJECT WAS SUCCESSFUL IN [REDACTED] AND LATER WAS ABLE TO [REDACTED] WITH THE [REDACTED] HIMSELF. FOLLOWING UP ON A LEAD FROM ANOTHER SOURCE THAT A [REDACTED] WITH A [REDACTED] SUBJECT USED HIS NATIVE LANGUAGE AND [REDACTED] AND [REDACTED] UNDER THE GUISE OF BEING A [REDACTED] WHO WANTED TO MONITOR THE [REDACTED] ASSESSMENT INFORMATION OBTAINED FROM THE [REDACTED] GREATLY FACILITATED THE ABILITY OF SUBJECT TO [REDACTED] ONCE CONTACT WAS MADE. SUBJECT WAS ABLE TO DISCERN THAT THE TARGET WAS POTENTIALLY VULNERABLE ON [REDACTED] BUT TIME DID NOT PERMIT THIS VULNERABILITY FROM BEING EXPLOITED BEFORE THE TARGET COMPLETED HIS TOUR AND DEPARTED THE COUNTRY. STATION REGRETS THAT A LEAD TO THIS TARGET WAS NOT IDENTIFIED EARLIER, BUT THIS DOES NOT DETRACT FROM THE PROFESSIONAL MANNER IN WHICH SUBJECT EXPLOITED EVERY OPPORTUNITY TO PUSH THIS CASE FORWARD AGAINST AN UNREALISTIC DEADLINE.

THIS REPORTING PERIOD HAS AGAIN BEEN ONE OF CONSIDERABLE ACTIVITY ON THE PART OF SUBJECT IN WHICH HE HAS DEMONSTRATED HIS TALENT FOR OPERATIONS AND PARTICULARLY HIS ABILITY TO

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DEFERRED TELEPOUCH

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DEVELOP AND HANDLE AGENTS. HE HAS DISPLAYED VERSATILITY AND FLEXIBILITY IN PURSUING HIS TARGETS AND IS EVER ALERT FOR VULNERABILITIES WHICH CAN BE EXPLOITED. HE USES GOOD JUDGMENT IN HANDLING HIS CASES AND HIS TRADecraft PROCEDURES DURING THIS PERIOD HAVE BEEN SOUND. IT SHOULD ALSO BE NOTED THAT THE PARTICULAR CASES WHICH HE IS INVOLVED ARE NOT EASY ONES. THEY REQUIRE HARD WORK, AND THE FULL RANGE OF CASE OFFICER EXPERIENCE IN ORDER TO PUSH THEM FORWARD. HIS RESPONSIBILITIES IN THE CI FIELD ARE EQUALLY DEMANDING. SUBJECT HAS MADE A VERY POSITIVE CONTRIBUTION TO THE WORK OF THIS STATION DURING THIS REPORTING PERIOD AND WELL DESERVES A RATING OF STRONG FOR HIS VARIOUS DUTIES AND A STRONG FOR HIS OVERALL PERFORMANCE.

5. COMMENTS BY REVIEWING OFFICER.

I CONCUR WITH THIS EVALUATION AND BELIEVE IT IS MOST COMPREHENSIVE AND OBJECTIVE. HAVING WORKED WITH SUBJECT DURING AN EARLIER PERIOD OF HIS CAREER WHEN HE WAS THEN A GOOD OFFICER (1970-72), I AM STRUCK BY THE REMARKABLE PROGRESS HE HAS MADE IN THREE KEY AREAS: OPERATIONAL THINKING AND ANALYSIS, WRITING, AND SOUND, PROFESSIONAL APPLICATION OF BASIC OPERATIONAL PRINCIPLES.

I AM DELIGHTED THIS HIGHLY CAPABLE, AGGRESSIVE OFFICER WILL BE REMAINING A THIRD YEAR AT THIS STATION AND LOOK FORWARD TO A MAJOR CONTRIBUTION FROM HIM IN MOST OPERATIONAL AREAS OF PRESENT PRIORITY CONCERN. RVN 13 NOV 99 DRV D9C.3.

END OF MESSAGE

CONFIDENTIAL

**CONFIDENTIAL**

|  |  |  |  |  |  |   |                    |                                   |  |
|--|--|--|--|--|--|---|--------------------|-----------------------------------|--|
| <b>FITNESS REPORT</b>  |  |  |  | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. |  |   |                    |                                   |  |
| <b>SECTION A GENERAL INFORMATION</b>   |  |  |  |  |  |   |                    |                                   |  |
| 1. EMPLOYEE NUMBER<br><b>036130</b>  |  | 2. NAME (last, first, middle)<br><b>Flores, Daniel</b> |  |  | 3. DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |   | 4. SEX<br><b>M</b> |                                   |  |
| 5. GRADE<br><b>GS-13</b>   |  | 6. SO<br><b>DQG</b>                                    |  | 7. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/LA/COG</b>              |                    | 9. CURRENT STATION<br><b>Hqs</b>  |  |
| 10. TYPE OF APPOINTMENT  |  |  |  | 11. TYPE OF REPORT   |  |   |                    |                                   |  |
| <input checked="" type="checkbox"/> CAREER   |  | <input type="checkbox"/> CAREER PROVISIONAL            |  | <input type="checkbox"/> RESERVE   |  | <input checked="" type="checkbox"/> ANNUAL                    |                    | <input type="checkbox"/> 21-MONTH |  |
| <input type="checkbox"/> 30-MONTH  |  | <input type="checkbox"/> REASSIGNMENT                  |  | <input type="checkbox"/> SPECIAL   |  | 12. REPORTING PERIOD (From-to)<br><b>1 Dec 76 - 30 Sep 77</b> |                    |                                   |  |
| <input type="checkbox"/> CONTRACT  |  | <input type="checkbox"/> SPECIAL                       |  | <input type="checkbox"/> TEMPORARY   |  | 13. DATE REPORT DUE IN O.P.<br><b>31 OCTOBER 77</b>           |                    |                                   |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |  |  |  |   |                    |                                   |  |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |  |  |   |                    |                                   |  |
| <b>SPECIFIC DUTIES</b>   |  |  |  |  |  |   |                    |                                   |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |  |  |  |   |                    |                                   |  |
| SPECIFIC DUTY NO. 1<br>Supervise the LA/COG/ <div style="border: 1px solid black; width: 40px; height: 15px;"></div> and <div style="border: 1px solid black; width: 40px; height: 15px;"></div> section which includes <div style="border: 1px solid black; width: 20px; height: 15px;"></div> operations officers, <div style="border: 1px solid black; width: 40px; height: 15px;"></div> intelligence analyst, and a secretary.  |  |  |  |  |  |   |                    | RATING LETTER<br><b>S</b>         |  |
| SPECIFIC DUTY NO. 2<br>As section chief, provide operational guidance and support to the field stations' efforts to develop and recruit Cubans in that area.   |  |  |  |  |  |   |                    | RATING LETTER<br><b>S</b>         |  |
| SPECIFIC DUTY NO. 3<br>Assume direct case officer responsibility for sensitive <div style="border: 1px solid black; width: 60px; height: 15px;"></div> reporting sources, including TDY travel for debriefing purposes when the assets are available; developing leads for potential recruitment efforts against new targets.  |  |  |  |  |  |   |                    | RATING LETTER<br><b>S</b>         |  |
| SPECIFIC DUTY NO. 4<br>Coordinate with other area division desks and components to provide maximum support to Cuban operational activities in their respective field stations.   |  |  |  |  |  |   |                    | RATING LETTER<br><b>S</b>         |  |
| SPECIFIC DUTY NO. 5  |  |  |  |  |  |   |                    | RATING LETTER                     |  |
| SPECIFIC DUTY NO. 6  |  |  |  |  |  |   |                    | RATING LETTER                     |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |  |  |  |   |                    |                                   |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |  |  |  |   |                    | RATING LETTER<br><b>S</b>         |  |

**CONFIDENTIAL**

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for future action. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Flores came to the Cuba Operations Group from a brief assignment to the Office of Training. Prior to the OTR interim, Mr. Flores had been a COG case officer and was therefore familiar with its operational techniques. During this ten-month period under review, Mr. Flores served as a section chief with responsibilities for [ ] stations with a [ ] target [ ] and [ ] and [ ]. Mr. Flores was the only GS-13 officer to hold section chief responsibility, yet his performance compared favorably with that of the GS-14 section chiefs. As a section chief, Mr. Flores was supervisor for [ ] operations officers, [ ] intelligence analyst and a secretary. He was responsible for ensuring the prompt handling of correspondence to and from the field stations, and providing operational guidance and direction on matters pertaining to Cuban operations. His section was managed in a competent manner with Mr. Flores demonstrating his ability to delegate functional responsibilities. The Cuba Operations Group also functions in a direct case officer capacity, and Mr. Flores frequently traveled TDY to handle cases. He was the operations officer for one particularly sensitive and productive [ ] reporting case. This required him to travel on short notice and to arrange for secure meeting and debriefing sessions of this reporting source.

Mr. Flores also traveled to [ ] on various occasions to meet with [ ] contacts and participate in developmental operations. One particular recruitment attempt required Mr. Flores to [ ] the

--CONTINUED--

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

|   |   |       |
|---|---|-------|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |       |
|   | Rating: <u>9.1</u> / <u>Facile</u>                              |       |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TITLE |
|   | DC/LA/COG   |       |

**2. BY EMPLOYEE**

|   |         |                       |
|---|---------|-----------------------|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE                            | DATE    | SIGNATURE OF EMPLOYEE |
| HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED <input type="checkbox"/> | 4/17/77 | Daniel Flores         |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Subject likes to operate. He is very practical, experienced, and realistic. He is, however, a little quiet and tends to accept things the way they are. While I have no doubt as to his skills, he may need a bit more management experience to learn how to make things move despite obstacles. He has done a fine job running the [ ] and [ ] section of Cuba Operations Group.

|      |                                      |       |
|------|--------------------------------------|-------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TITLE |
|      | C/LA/COG                             |       |

**4. BY EMPLOYEE**

|   |         |                       |
|---|---------|-----------------------|
| I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT | DATE    | SIGNATURE OF EMPLOYEE |
|   | 4/17/77 |                       |

**CONFIDENTIAL**

CONFIDENTIAL

FITNESS REPORT

Daniel Flores

NARRATIVE COMMENTS

cont.

[redacted] and to devise a secure and timely method of approach to the individual Cuban.

In comparing Mr. Flores' performance as an operations officer and as a supervisor, I believe his performance is somewhat stronger in the former capacity. Mr. Flores has all the attributes of an excellent case officer: he is aggressive, thinks operationally, and is fast on his feet in an operational situation. He is further aided by his fluency in Spanish and has on more than one occasion successfully [redacted] During his TDY travels, he has repeatedly demonstrated dedication to the job at hand, willingness to work long hours, and a flexibility to handle all types of situations.

Mr. Flores is less enthusiastic when it comes to the paperwork and bureaucratic requirements of his position. While he is a good writer, he tends to handle his written tasks in a hurried manner and consequently, his work oftentimes requires review. He is also inclined to take the shorter and easier approach when handling the paper flow requirements. I mention these points not because they represent basic shortcomings, but simply to contrast them to his exceptionally high performance in his operations officer capacity.

In sum, Mr. Flores is an extremely experienced, competent and well motivated operations officer. His talent as a "street operator" with a keen sense for the human target has been amply demonstrated. He has now quite successfully been introduced to his first supervisory position and proven that he is competent for assignments of this nature. I believe Mr. Flores is capable of handling positions of increasing responsibility and should be given the opportunity to do so.

\* \* \*

2

CONFIDENTIAL

**SECRET**  
CLASSIFICATION

**FITNESS REPORT**

|  |  |   |  |  |  |  |  |                                    |  |                                 |  |
|--|--|---|--|--|--|--|--|------------------------------------|--|---------------------------------|--|
| <b>SECTION A</b>   |  |   |  |  |  | <b>GENERAL INFORMATION</b>             |  |                                    |  |                                 |  |
| 1. EMPLOYEE NUMBER<br>036130                                 |  | 2. NAME (Last, first, middle)<br>FLORES, Daniel |  | 3. DATE OF BIRTH<br>[ ]                    |  | 4. SEX<br>M                            |  | 5. GRADE<br>12                     |  | 6. GD<br>[ ]                    |  |
| 7. OFFICIAL POSITION TITLE<br>Instructor Ops                 |  |   |  | 8. OFF/DIV/BR OF ASSIGNMENT<br>DDA/OTR/LTD |  | 9. CURRENT STATION<br>Hqs.             |  | 10. CODE (if any)<br>X HQS [ ] DP  |  |                                 |  |
| 11. TYPE OF APPOINTMENT                                      |  |   |  |  |  | 12. TYPE OF REPORT                     |  |                                    |  |                                 |  |
| <input checked="" type="checkbox"/> CAREER                   |  | <input type="checkbox"/> RESERVE                |  | <input type="checkbox"/> CONTRACT          |  | <input type="checkbox"/> OTHER (Spec.) |  | <input type="checkbox"/> TEMPORARY |  | <input type="checkbox"/> ANNUAL |  |
| <input type="checkbox"/> X                                   |  | <input type="checkbox"/> REASSIGNMENT           |  | <input type="checkbox"/> SPECIAL           |  |  |  |                                    |  |                                 |  |
| 13. REPORTING PERIOD (7001-50)<br>22 June - 19 November 1976 |  |   |  |  |  | 14. DATE REPORT DUE IN O.P.<br>A/A     |  |                                    |  |                                 |  |

|   |                              |
|---|------------------------------|
| <b>SECTION B</b>  | <b>QUALIFICATIONS UPDATE</b> |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD 'YES' IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD 'NO' IN THE BOX AT RIGHT. |                              |

|                         |   |
|-------------------------|---|
| <b>SECTION C</b>        | <b>PERFORMANCE EVALUATION</b>   |
| <b>U-Unsatisfactory</b> | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |
| <b>M-Marginal</b>       | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  |
| <b>P-Proficient</b>     | Performance is satisfactory. Desired results are being produced in the manner expected.   |
| <b>S-Strong</b>         | Performance is characterized by exceptional proficiency.  |
| <b>O-Outstanding</b>    | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |

|  |                           |
|--|---------------------------|
| <b>SPECIFIC DUTIES</b>   |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). |                           |
| <b>SPECIFIC DUTY NO. 1</b><br>Conducts tutorial training in clandestine operational trade-craft skills for [ ] as well as U.S. staff and contract personnel.   | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 2</b><br>In collaboration with sponsoring Agency components prepares detailed training programs and schedules for the conduct of tailored tutorial and small-group training.  | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 3</b><br>Evaluate trainee performance in each program and prepare final training reports, and as appropriate draft follow-up questionnaires for field evaluation of training effectiveness.   | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 4</b><br>Participate in live problems and exercises as [ ] and [ ] as required and contribute to improvement in training materials and techniques.  | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 5</b>   | <b>RATING LETTER</b>      |
| <b>SPECIFIC DUTY NO. 6</b>   | <b>RATING LETTER</b>      |

|  |  |
|--|--|
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |
| Take into account everything about the employee which influences his effectiveness in his current position and his performance of specific duties. Productivity, conduct on job, cooperation, personal presentation, and professional knowledge are factors. Range as far as possible from the lowest to the highest level of performance. Rating the rating period where the letter is the rating best corresponding to the employee's overall performance. |  |
| <b>RATING LETTER</b>   |  |

S E C R E T  
CLASSIFICATION

SECTION D NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain items which provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach separate sheet of paper.

Mr. Flores joined the [redacted] Unit in mid-June 1976 and after a week's familiarization with training materials, aids and office routine of the Unit, he attended a two-week Instructor Training Workshop at the [redacted]. On completion of the Workshop, Subject returned to the Unit for further familiarization with the routine of the Unit, assisted in several [redacted] problems, and monitored a two-week training program which included active participation as a trainee himself in the SAI (or persuasion skills) portion of the program. Subsequently Mr. Flores assisted as a [redacted] in a brief but significant program involving the training of a [redacted] assisting the Agency in [redacted]. Mr. Flores then assisted another instructor in devising and conducting the first program this Unit has undertaken designed to teach [redacted] to Staff Employees who are deemed likely to be [redacted] of [redacted] and [redacted]. Mr. Flores then planned for, and from 12 October through 19 November conducted a tutorial training program in clandestine operations tech-

(continued)

SECTION E CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

|   |   |                                     |
|---|---|-------------------------------------|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| 4 Months                                      |   |                                     |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 January 1977                               | Chief, ALT Unit   | Walter R. Cox                       |

2. BY EMPLOYEE

|   |           |                       |
|---|-----------|-----------------------|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE                            | DATE      | SIGNATURE OF EMPLOYEE |
| <input type="checkbox"/> HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED | 26 Jan 77 | [Signature]           |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the ratings on specific duties and on the overall rating of STRONG for Mr. Flores. Although he was assigned to this Unit for a short period of time, he was proving to be a well qualified operations instructor. His home Division requested his return in order to give him a responsible position for which he was well qualified, and he should do well on that assignment.

|         |                                      |                                 |
|---------|--------------------------------------|---------------------------------|
| DATE    | OFFICIAL TITLE OF REVIEWING OFFICIAL | SIGNATURE OF REVIEWING OFFICIAL |
| 19/1/77 | Chief, CIA/ALT                       | [Signature]                     |

|      |      |      |
|------|------|------|
| DATE | DATE | DATE |
|      |      |      |

S E C R E T

Continuation of Section D of Fitness Report on Daniel Flores,  
GS-12, for period 22 June - 19 November 1976 -----

          niques for a [ ] who is scheduled to serve as an [ ]  
[ ] in the [ ]

----- The first independent training task given to Mr. Flores was of a [ ] serving as an access agent, but this task was cancelled at the last minute when the concerned Base discovered grounds for field termination of the agent rather than providing tutorial training for the agent in the U.S. Mr. Flores was justifiably irritated at this turn of events which denied him what held promise for being a challenging initial training program.

----- It was with regret that we learned, early into what turned out to be Mr. Flores' only independent training program, that a priority requirement of his home-base Division would necessitate his return to Division duty soonest. The Division agreed to our request that Mr. Flores conclude the training program he had tailored, and begun, and Mr. Flores is to be commended for having done an exceptionally fine job in this assignment. The completion-of-training report was also well organized, and the questionnaire which asks for an evaluative follow-up from the trainee's field Station is to the point.

----- Early in his assignment Mr. Flores took over the maintenance and improvement of the Unit's operations training slides, consolidated them into an extremely functional package, and solicited ideas from other instructors to improve the package. Much to his credit and the Unit's benefit, Mr. Flores managed to persuade another Agency component to undertake--without charge--a major revamping of some of the slides using computer-designed art work to replace some of the less impressive early work in this field.

S E C R E T



CLASSIFICATION

## FITNESS REPORT

## SECTION A

## GENERAL INFORMATION

|   |   |                                     |   |  |   |
|---|---|-------------------------------------|---|--|---|
| 1. OFFICIAL POSITION TITLE<br>036130<br>Ops Officer | 2. NAME (Last, First, Middle)<br>Flores, Daniel | 3. DATE OF BIRTH<br>[REDACTED]      | 4. SEX<br>M   | 5. GRADE<br>GS13                           | 6. DOG<br>[REDACTED]                      |
| 7. OFFICIAL POSITION TITLE<br>DDO/LA                |   | 8. DATE OF ASSIGNMENT<br>[REDACTED] | 9. CURRENT STATION<br>[REDACTED]                      | 10. TYPE OF REPORT<br>[REDACTED]           | 11. TYPE OF REPORT<br>[REDACTED]          |
| 11. TYPE OF APPOINTMENT                             |   | 12. TYPE OF REPORT                  |   |  |   |
| <input checked="" type="checkbox"/> CAREER          | <input type="checkbox"/> RESERVE                | <input type="checkbox"/> TEMPORARY  | <input type="checkbox"/> INITIAL                      | <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT     |
| <input type="checkbox"/> CONTRACT                   | <input type="checkbox"/> SPECIAL                | <input type="checkbox"/> OTHER      | 13. REPORTING PERIOD (From-To)<br>15 Feb - 30 Sept 78 |  | 14. DATE REPORT DUE IN O.P.<br>[REDACTED] |

## SECTION B

## QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

## SECTION C

## PERFORMANCE EVALUATION

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

## SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|   |               |
|---|---------------|
| SPECIFIC DUTY NO. 1<br>SEE ATTACHED [REDACTED] (IN 1584998) dtd 18 Nov 78 | RATING LETTER |
| SPECIFIC DUTY NO. 2   | RATING LETTER |
| SPECIFIC DUTY NO. 3   | RATING LETTER |
| SPECIFIC DUTY NO. 4   | RATING LETTER |
| SPECIFIC DUTY NO. 5   | RATING LETTER |
| SPECIFIC DUTY NO. 6   | RATING LETTER |

## OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee that influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most closely reflects his level of performance.

RATING LETTER

FORM 45

CLASSIFICATION

12. IMPDET CL 01

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

24 10 56 AM '78

SEE ATTACHED.

HAR BUGH

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Rating Officer Profile:

DATE

OFFICIAL TITLE OF SUPERVISOR

01 9 15 AM '78

18 Nov 78

DCOS

Robert Berg /S/

2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

18 Nov 78

Daniel Flores /S/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

SEE ATTACHED.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

18 Nov 78

COS

Lawrence Sternfield /S/

4. BY EMPLOYEE

I CERTIFY I HAVE BEEN THE EMPLOYEE IN ALL SECTIONS OF THIS REPORT. I HAVE ☐ HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

18 Nov 78

Daniel Flores /S/

CLASSIFICATION

NO EYES ONLY

CONFIDENTIAL

FRD: . . . . .

EYES ONLY

DEFERRED TELEPOUCH

ACTION: C/LA-5 (593) INFO: WF, FILE, (7/A)

78 1584998

PAGE 001

1584998

TIME: 182031Z NOV 78

CONFIDENTIAL 172250Z NOV 78 DEFERRED TELEPOUCH

CITE [REDACTED]

TO: WASHINGTON.

FOR: C/LA/PERS

SUBJECT: ADMIN/PYBAT/PERS/FITNESS REPORT FOR [REDACTED]

*Pen*

*DAN FLORES*

1. GIVEN BELOW IS THE FITNESS REPORT ON SUBJECT FOR THE PERIOD 15 FEB - 30 SEPT 78. RATING ON SPECIFIC DUTIES AND NARRATIVE COMMENTS WERE PREPARED BY HAROLD O. CHAIDEZ, DCOS. REVIEWING COMMENTS WERE PREPARED BY JOEL N. NEBECKER, COS. SUBJECT WAS NOT SHOWN A COPY OF THIS REPORT AS HE DEPARTED STATION ON EMERGENCY LEAVE BEFORE THE REPORT COULD BE TYPED. A COPY WILL BE MADE AVAILABLE TO HIM IMMEDIATELY UPON HIS RETURN AND ANY STATEMENT BY THE EMPLOYEE WILL BE TELEPOUCHED TO HQS. A SIGNED COPY OF FORM 45A WILL BE POUCHED AT THAT TIME.

2. THE FOLLOWING INFO IS KEYED TO FORM 45A, SECTION A:  
1. 036130; 4. M; 5. GS-13; 6. DUG; 9. [REDACTED]  
10. CAREER; 11. ANNUAL; 12. 15 FEB-30 SEP 78.

3. SECTION B. PERFORMANCE EVALUTATION - SPECIFIC DUTIES:

1. DIRECTS THE ACTIVITIES OF A [REDACTED] MAN CI [REDACTED] TEAM RESPONSIBLE TO THE STATION, AND WHICH INCLUDES COORDINATING ALL RTACTION OPS INITIATED BY THE TEAM. RATING LETTER -- S.

2. RESPONSIBLE FOR TARGETTING CI OPERATIONS AGAINST [REDACTED] AND [REDACTED] IN [REDACTED] RATING LETTER -- S.

3. CASE OFFICER FOR [REDACTED] RATING LETTER -- S.

4. COORDINATES SENSITIVE CE OPERATIONS RUN BY OTHER NUBLAZON AGENCIES WITH [REDACTED] RATING

CONFIDENTIAL

*4/*  
*G.*

CONFIDENTIAL

DEFERRED TELEPOUCH

78 1524996

PAGE 002

1524996

TOP: 1820312 NOV 78

LETTER -- S.

5. CONDUCTS OTHER LIAISON RELATED CI ACTIVITY AND PREPARES NECESSARY MEMORANDA AND REPORTS. STAING LETTER -- S.

OVERALL PERFORMANCE -- S.

4. SECTION C - NARRATIVE COMMENTS

THIS IS THE INITIAL REPORT WRITTEN ON SUBJECT AND COVERS A PERIOD OF SEVEN AND ONE-HALF MONTHS SINCE HIS ARRIVAL IN [REDACTED] IN FEB 78. SUBJECT HAS BEEN IN THE ORGANIZATION FOR OVER 16 YEARS AND SERVED TWO O/S ASSIGNMENTS PRIOR TO [REDACTED]

HIS PRIMARY DUTY IS TO SUPERVISE THE OPERATIONS OF A CI UNIT COMPOSED OF PERSONNEL [REDACTED] BUT WHICH IS UNDER THE OPERATIONAL DIRECTION OF THE STATION. THIS PARTICULAR UNIT REPRESENTS THE NUCLEUS OF THE STATION'S CI OPERATIONAL CAPABILITY. IT IS ALSO A STRONG CONTRIBUTOR TO STATION'S EFFORTS DIRECTED AGAINST THE HARD TARGETS IN THE FI FIELD. SUBJECT PARTICIPATES IN ALL LEVELS OF ACTIVITY WITH THIS UNIT FROM THAT OF A MANAGER TO SERVING AS AN OPERATIONS OFFICER. THE LEADERSHIP AND EXAMPLE WHICH HE SETS HAVE BEEN AN ESSENTIAL INGREDIENT IN THE SUCCESS ENJOYED BY THE UNIT IN RECENT MONTHS. IN APRIL 1978, THE STATION UNDERTOOK AN [REDACTED] DIRECTED AT THE [REDACTED]

[REDACTED] OF A [REDACTED] SUBJECT PARTICIPATED IN THE RECRUITMENT OF A [REDACTED] WHO PROVIDED ACCESS TO THE TARGET INSTALLATION AND WAS SUBSEQUENTLY INVOLVED IN ALL ASPECTS OF THE OPERATION EXCEPT THE ACTUAL [REDACTED] OF THE [REDACTED] THIS SUCCESSFUL OPERATION WAS FOLLOWED BY ANOTHER ONE THE FOLLOWING MONTH, THIS TIME DIRECTED AT THE [REDACTED] OF A [REDACTED] TWO VALUABLE REPORTS WERE PRODUCED FROM THIS OPERATION ON THE POLICIES AND PLANS OF

A [REDACTED] IN JULY, SUBJECT SUPERVISED THE RECRUITMENT OF AN AGENT WHO HAS ESTABLISHED ACCESS TO A [REDACTED] A TECHNICAL OPERATION IS NOW UNDERWAY TO [REDACTED]

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IN SEPTEMBER, ANOTHER OPERATION BEGAN AGAINST THE [ ] OF THE SAME PRINCIPAL ADVERSARY MENTIONED ABOVE SINCE A [ ] HAD BEEN ACQUIRED. AGAIN, SUBJECT PARTICIPATED IN THE RECRUITMENT OF THE [ ] OF THE [ ] AND IN OTHER PHASES OF THE OPERATION WHICH CONTINUE AT THIS TIME.

IN ADDITION TO THESE SPECIFIC OPERATIONS, THE CI UNIT ALSO CARRIES OUT A HOST OF [ ] AND OTHER WORK AS REQUIRED IN THE CI FIELD. SINCE [ ] SERVES AS PROBABLY THE PRINCIPAL BASE FOR OPERATIONS BY THE [ ] AND THE [ ] THE UNITED STATES, SELECTIVE TASKING MUST BE UNDERTAKEN TO OBTAIN MAXIMUM EFFICIENCY FROM THIS SMALL UNIT.

SUBJECT ALSO HANDLES [ ] OF THE CI UNIT, AND IS ALSO RESPONSIBLE FOR PROVIDING SUPPORT THROUGH THIS UNIT TO OTHER CI ACTIVITIES DIRECTED AGAINST [ ] AND [ ] IN [ ]

INDEED, THE FIRST PART OF HIS TOUR IN [ ] HAS BEEN A BUSY ONE. THE STATION FINDS HIM TO BE AN ENERGETIC, VERSATILE, AND HIGHLY QUALIFIED OFFICER. HE HAS HANDLED THE PERSONNEL AND OPERATIONAL PROBLEMS WHICH HAVE SURFACED WITH HIS CI UNIT WITH TACT AND EFFICIENCY, AND HIS RAPPORT WITH HIS [ ] IS VERY GOOD. DURING RECENT CONVERSATIONS, [ ] HAVE EXPRESSED THEIR HIGH REGARD FOR SUBJECT'S ABILITIES.

HIS ABILITY TO [ ] AS A [ ] IS AN ADDED FACTOR IN HIS FAVOR AND PROVIDES HIM WITH A GREATER DIMENSION FOR OPERATIONS. THE STATION HAS USED SUBJECT ON OCCASION FOR [ ] OPERATIONS, BUT THIS USE MUST BE SELECTIVE IN ORDER NOT TO ADVERSELY IMPINGE UPON HIS PRIMARY WORK WITH THE CI UNIT.

SUBJECT IS VERY COST CONSCIOUSNESS IN THE USE OF STATION FUNDS AND EXTRACTS A HEALTHY RETURN FOR PROJECT MONIES USED TO SUPPORT THE WORK OF THE CI UNIT.

SUBJECT WELL DESERVES A RATING OF STRONG FOR HIS

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VARIOUS DUTIES AND AN OVERALL STRONG FOR THIS REPORTING PERIOD. WE LOOK FORWARD TO A CONTINUED HIGH LEVEL OF PERFORMANCE DURING THE YEAR TO COME.

5. SECTION D.1. SUBJECT HAS BEEN UNDER MY SUPERVISION FOR SEVEN AND ONE-HALF MONTHS. D.3: COMMENTS BY REVIEWING OFFICIAL:

I FULLY CONCUR WITH THE NARRATIVE COMMENTS OF THE REVIEWER. SUBJECT HAS DISPLAYED A GREAT AMOUNT OF IMAGINATION AND ENERGY IN DIRECTING A DIFFICULT ACTIVITY NAMELY COUNTERINTELLIGENCE ACTIVITY THAT IS SEVERELY RESTRICTED BY ATTORNEY GENERAL GUIDELINES TO THE EXISTING EXECUTIVE ORDER. SUBJECT HAS DESPITE THIS BEEN ABLE TO KEEP A VERY POSITIVE THRUST TO HIS OPERATIONS AND HAS BEEN ABLE TO MOTIVATE THE AGENTS AND PERSONNEL UNDER HIS CONTROL. I AM TOTALLY SATISFIED WITH HIS ENERGY AND MOTIVATION. DESPITE THE FRUSTRATIONS INHERENT IN THE COUNTERINTELLIGENCE ACTIVITY HE CARRIES ON WITH A HIGH SPIRIT AND A TREMENDOUS AMOUNT OF GOOD WILL. NO MEAN ACHIEVEMENT AT THIS JUNCTURE OF AGENCY COUNTER-INTELLIGENCE ACTIVITIES. E3, IMPDET.

END OF MESSAGE

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**SECRET**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

|  |   |   |  |                   |                                |
|--|---|---|--|-------------------|--------------------------------|
| 1. EMPLOYEE NUMBER<br>194737   | 2. NAME (Last, first, middle)<br>Flores, Daniel | 3. DATE OF BIRTH<br>[redacted]            | 4. SEX<br>M  | 5. GRADE<br>GS-12 | 6. SD<br>D                     |
| 7. OFFICIAL POSITION TITLE<br>Operations Officer   |   | 8. OFF/DIV/BR OF ASSIGNMENT<br>DDO/LA/COG | 9. CURRENT STATION<br>Headquarters                               |                   | 10. CODE (if any)<br>X HQS. DF |
| 11. TYPE OF APPOINTMENT<br>XX CAREER [ ] RESERVE [ ] CONTRACT [ ] OTHER (Spec) [ ] TEMPORARY [ ] |   |   | 12. TYPE OF REPORT<br>XX ANNUAL [ ] REASSIGNMENT [ ] SPECIAL [ ] |                   |                                |
| 13. REPORTING PERIOD (from-to)<br>01 July 1975 - 30 June 1976                                    |   |   | 14. DATE REPORT DUE IN O.P.<br>31 July 1976                      |                   |                                |

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C**

**PERFORMANCE EVALUATION**

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                               |
|--|-------------------------------|
| <b>SPECIFIC DUTY NO. 1</b><br>Handle a sensitive and productive [redacted] in Cuban operations via TDY travel to meet, debrief, and prepare operational/intelligence reports.  | <b>RATING LETTER</b><br><br>O |
| <b>SPECIFIC DUTY NO. 2</b><br>Review incoming operational correspondence from Latin America on Cuban matters and ensure that prompt response and helpful guidance is provided.   | <b>RATING LETTER</b><br><br>S |
| <b>SPECIFIC DUTY NO. 3</b><br>Maintain a thorough familiarity with all Cuban activities in Latin America and our operations against them; carry out coordination with other components where appropriate.                      | <b>RATING LETTER</b><br><br>S |
| <b>SPECIFIC DUTY NO. 4</b><br>Develop leads against the Cuban target by [redacted] and ultimately [redacted] etc., of [redacted] to obtain assessment data on the targets as well as use the leads in approaches to [redacted] | <b>RATING LETTER</b><br><br>O |
| <b>SPECIFIC DUTY NO. 5</b><br>Work closely with the IA's of the section to ensure that they answer all required correspondence and to stimulate them to be creative and productive.  | <b>RATING LETTER</b><br><br>S |
| <b>SPECIFIC DUTY NO. 6</b>   | <b>RATING LETTER</b>          |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, positive personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**  
  
S

**SECRET**  
CLASSIFICATION

**SECTION D**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

This officer has worked under my supervision for approximately six months. This is the first fitness report I have prepared on him. After two field tours and his current assignment to Cuba Operations Group, he has developed into a solid and professional operations officer with the skills we hope our employees will develop. He is now highly motivated and creative in his work. He has demonstrated, particularly in recent months, a gratifying degree of drive and interest.

He has handled one of our most productive and sensitive [ ] assets. With his guidance this agent has produced, within the past six months, some of the highest quality intelligence on [ ] and [ ] this Agency has obtained. Because this agent must be serviced via TDY travel, the responsible case officer must be able to work with very little guidance and have the tradecraft skills and reports writing ability to work largely on his own. With this case Mr. Flores has demonstrated himself to be a first-class agent handler, highly attuned to operational information and quality intelligence production.

As Section Chief I have relied upon him heavily to provide the institutional memory our work demands. He has full grasp of all operations directed against [ ] not only in those countries under his direct responsibility, but throughout Latin America. Since all of the officers in this section [ ] and [ ] agents, Mr. Flores has frequently acted as Section Chief during the absence of the other [ ] officers, a GS-14 position. He has been able to handle the job well both

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

C/LA/COG [ ]

**2. BY EMPLOYEE**

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

☐ HAVE ATTACHED

☐ HAVE NOT ATTACHED

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I agree with the ratings given by the rating officer. Mr. Flores is indeed a fine operations officer and should have an exceptionally successful career in operations. The only weakness in him that I have ever noted is an occasional lack of drive and self-motivation and as noted by the rating officer, particularly in recent months, he seems to have cured this and has indeed been going at a fast pace.

Mr. Flores is leaving Cuba Operations Group for a rotational tour in the Office of Training. I believe that when he finishes this tour, he should return for an operational assignment in the Latin America area. He is an exceptionally fine case officer, has a native command of Spanish, and has a way of dealing with his agents that gets the most out of them. Future tours for him should involve supervision of younger case officers and he should begin to move into the managerial aspects of operations.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Chief, LVA/X

**4. BY EMPLOYEE**

INDICATE WHAT HAVE BEEN THE EMPLOYER IN ALL SECTIONS OF THE REPORT

DATE

SIGNATURE OF EMPLOYEE

CLASSIFICATION



S E C R E T

FITNESS REPORT

Daniel Flores

cont.

SECTION D

in terms of paper flow and personnel administration. He demonstrates an ability to advance further along these lines. Also during the period under review he participated in an approach against the [ ] of [ ] in a Latin America country. Although the recruitment effort was not successful, it was conducted in a professional manner and Mr. Flores used an [ ] in a very effective manner.

He has been perhaps the most aggressive officer in the Cuba Operations Group in pursuing leads for interviews of [ ] and [ ]. During the period under review he conducted at least [ ] such interviews and developed good assessment data on various targets.

As a native Spanish speaker, Mr. Flores has the ability to [ ] as a [ ] and has successfully carried out roles as a [ ]. This ability to [ ] has been of great assistance in handling the key case he relinquished only on leaving LA/COG.

Mr. Flores has now overcome an earlier reluctance to be aggressive which former supervisors might have noted. I am confident he will maintain and build further on what I have found to be a highly improved sense of enthusiasm. I am sure he will be a strong contributor to his new component.

\* \* \*

No. 3

He is an officer who merits further responsibility and one who should continue to rise in rank as he assumes these additional responsibilities. It has been a pleasure to work with him and I should like to do so with him in the future.

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CLASSIFICATION

| FITNESS REPORT  |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
|---|----------------------------------|--|--|------------------------------------|--|---------------------------------------|----------------------------------|---------------------------|-------------------|
| <b>SECTION A GENERAL INFORMATION</b>  |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| 1. EMPLOYEE NUMBER<br><b>194737</b>   |                                  | 2. NAME (last, first, middle)<br><b>Flores, Daniel</b> |  |                                    | 3. DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |                                       | 4. SEX<br><b>M</b>               | 5. GRADE<br><b>GS-12</b>  | 6. SD<br><b>D</b> |
| 7. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |                                  |  | 8. OFF/DIV BR OF ASSIGNMENT<br><b>DDO/LA/COG</b> |                                    | 9. CURRENT STATION<br><b>Washington, D.C.</b>  |                                       | 10. CODE (if any)<br><b>X</b>    | 11. NOS<br><b></b>        | 12. DP<br><b></b> |
| 11. TYPE OF APPOINTMENT   |                                  |  |  |                                    | 12. TYPE OF REPORT   |                                       |                                  |                           |                   |
| <input type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT                      | <input type="checkbox"/> OTHER (spec.)           | <input type="checkbox"/> TEMPORARY | <input checked="" type="checkbox"/> ANNUAL   | <input type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL |                           |                   |
| 13. REPORTING PERIOD (from-to)<br><b>1 October 1974 - 30 June 1975</b>  |                                  |  |  |                                    | 14. DATE REPORT DUE IN O.P.<br><b>31 July 1975</b>   |                                       |                                  |                           |                   |
| <b>SECTION B QUALIFICATIONS UPDATE</b>  |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| IF QUALIFICATION'S UPDATE FORM IS BEING SUBMITTED WITH CHANGES AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.   |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| <b>SECTION C PERFORMANCE EVALUATION</b>   |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| <p><b>U--Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M--Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P--Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S--Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O--Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| <b>SPECIFIC DUTIES</b>  |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| <b>SPECIFIC DUTY NO. 1</b><br>Case Officer for COG's Latin America area responsible for operational support of LA field Stations Cuba programs.   |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER<br><b>S</b> |                   |
| <b>SPECIFIC DUTY NO. 2</b><br>Case officer for <div style="border: 1px solid black; width: 50px; height: 15px;"></div> sensitive <div style="border: 1px solid black; width: 50px; height: 15px;"></div> operations.  |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER<br><b>S</b> |                   |
| <b>SPECIFIC DUTY NO. 3</b><br>Develop leads to potential Cuban recruitment targets and personally interview prospective access agents.  |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER<br><b>S</b> |                   |
| <b>SPECIFIC DUTY NO. 4</b><br>Supervisor for <div style="border: 1px solid black; width: 30px; height: 15px;"></div> Intelligence Analyst   |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER<br><b>S</b> |                   |
| <b>SPECIFIC DUTY NO. 5</b>  |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER             |                   |
| <b>SPECIFIC DUTY NO. 6</b>  |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER             |                   |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |                                  |  |  |                                    |  |                                       |                                  |                           |                   |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |                                  |  |  |                                    |  |                                       |                                  | RATING LETTER<br><b>S</b> |                   |

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and self-consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

LA/COG is both a Headquarters and an active opera-

As such, Mr. Flores assignment is

His performance is being rated in both capacities which means that much higher criteria is being applied than for most Headquarters officers.

Mr. Flores has proved to be a professional agent handler, and has been used very effectively in new, sensitive operations Headquarters. Although he did not participate in the recruitment of these sources, Mr. Flores was brought in to provide initial training, and detailed guidance necessary to develop the new assets into reporting sources. One was a complicated case of a who Mr. Flores helped debrief, then trained and. The other was a successful of a source with excellent access to the. Mr. Flores' job, after being introduced by the recruiting officer, is to make the source into a fully controlled asset and maximize the excellent potential for intelligence information.

## SECTION E

## CERTIFICATION AND COMMENTS

|   |   |
|---|---|
| 1. BY SUPERVISOR                              |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
| DATE<br>8 August 1975                         | OFFICIAL TITLE OF SUPERVISOR<br>ADC/LA/COG                      |

|  |                                  |
|--|----------------------------------|
| 2. BY EMPLOYEE   |                                  |
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE                               | DATE                             |
| <input type="checkbox"/> HAVE APPROVED<br><input type="checkbox"/> HAVE NOT APPROVED | 9 Aug 1975<br><i>[Signature]</i> |

|   |  |
|---|--|
| 3. BY REVIEWING OFFICIAL  |  |
| COMMENTS OF REVIEWING OFFICIAL  |  |
| LA/COG has operations officers performing duties similar to those assigned to Mr. Flores--Case officer responsible for recruiting/handling agents directed against a hard target and also staff duties as a Desk Chief. These tasks are the Latin America Division as these officers serve as and also as Headquarters desk officers. All are handled by these employees. I would rank Mr. Flores in the middle of this group, but it must be taken into consideration that all the other officers are senior in grade. |  |

|                       |   |
|-----------------------|---|
| DATE<br>8 August 1975 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>AC/LA/COG |
|-----------------------|---|

|   |   |
|---|---|
| BY EMPLOYEE   |   |
| I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT<br>9 Aug 1975<br><i>[Signature]</i> | SIGNATURE OF EMPLOYEE<br><i>[Signature]</i> |

CLASSIFICATION

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Continuation of Section D

His professional, no-nonsense handling has already contributed to highly significant information (a value quotient of 7.0 with one XX report) on some of the Agency's current Cuba priorities including Cuba's negotiating attitude vis-a-vis the U.S.

In his capacity as Desk officer for field stations in Latin America, Mr. Flores is charged with providing guidance and support aimed at recruitment operations [redacted] He has conducted interviews of [redacted] in the U.S. and initiated a promising [redacted] He supervises [redacted] intelligence analyst and, together, they effectively ensure timely response to field requests and help stations to identify operational opportunities, recruitment targets and--where necessary--keep them aware of the priority of the Cuban target.

By his performance, Mr. Flores has demonstrated he is a versatile case officer with good operational instincts; he is showing increasing aggressiveness and imaginative support of field stations in their efforts to [redacted] While he is an excellent agent handler who gets maximum intelligence production from his assets, he is less thorough when handling the administrative details involved in his operations. He needs more supervisory experience, and still tends to rely excessively on his IAs to search for operational leads and conduct operational research.

Mr. Flores was sponsored by the Division, and attended the mid-career course in November 1974. He has excellent potential for further advancement in the Division and has been a significant factor in LA/COG's success over the last year in developing access to Cuba, a recognized hard target.

Continuation of Section E

Subject excels as an agent handler motivating his agents and disciplining them when required to obtain quality intelligence. He handles [redacted] of LA/COG's most sensitive [redacted] and during this period, he has met these [redacted] and in [redacted] He has certainly targetted these [redacted] agents against priority objectives and the intelligence produced has been of vital interest to U.S. Government policymakers in this delicate period of Cuban negotiations. Latin America Division has received commendations from

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Continuation of Section E

the intelligence community for reports acquired through Mr. Flores. Subject's staff duties include desk chief responsibilities for support and guidance to field programs including the research and targetting required to conduct an effective recruitment program. Although such duties requiring supervision are new to him, he is also making progress in this capacity. With proper guidance and assistance, he will develop into a most effective supervisor.

Mr. Flores native fluency in Spanish and his Latin background have proven most valuable to Cuban operations. In fact he represents himself as [redacted] For an officer his grade, he is very mature, self assured, has good common sense and is certainly a professional. Subject has completed two tours in the field and is an experienced ops officer. He is intelligent, imaginative, uses good tradecraft at all times and has a clear headed approach to the business. He expresses himself well orally and in writing, and works very well with other case officers. Mr. Flores keeps up to date on political, economic and social affairs pertaining to Cuba and he willingly accepts difficult tasks requiring frequent separations from his family.

Subject definitely has potential. He is operationally aggressive and is gaining experience as a manager. Mr. Flores is already performing at a higher level than his grade. In approximately a year, he should be again dispatched to the field as a senior officer responsible for handling [redacted] or [redacted] targets. During the next reporting period, Mr. Flores should receive training in supervision. He is a solid performer in the Cuban Operations Group and has contributed much to our successes during the past year.

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CLASSIFICATION

## FITNESS REPORT

## SECTION A

## GENERAL INFORMATION

|   |  |   |   |                                    |  |
|---|--|---|---|------------------------------------|--|
| 1. EMPLOYEE NUMBER<br><b>194737</b>                                       | 2. NAME (Last, first, middle)<br><b>Flores, Daniel</b> | 3. DATE OF BIRTH<br><b>[ ]</b>                    | 4. SEX<br><b>M</b>                          | 5. GRADE<br><b>GS-12 D</b>         | 6. SD<br><b>[ ]</b>                        |
| 7. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>                          |  | 8. OFF. DIV BR OF ASSIGNMENT<br><b>DDO/LA/COG</b> | 9. CURRENT STATION<br><b>Washington, DC</b> |                                    | 10. CODE (if any)<br><b>X HQS [ ] OF</b>   |
| 11. TYPE OF APPOINTMENT   |  |   | 12. TYPE OF REPORT                          |                                    |  |
| <input type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE                       | <input type="checkbox"/> CONTRACT                 | <input type="checkbox"/> OTHER (Spec)       | <input type="checkbox"/> TEMPORARY | <input checked="" type="checkbox"/> ANNUAL |
|   |  |   | <input type="checkbox"/> REASSIGNMENT       | <input type="checkbox"/> SPECIAL   |  |
| 13. REPORTING PERIOD (from-to)<br><b>5 March 1974 - 30 September 1974</b> |  |   | 14. DATE REPORT DUE IN O.P.<br><b>[ ]</b>   |                                    |  |

## SECTION B

## QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

## SECTION C

## PERFORMANCE EVALUATION

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

## SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                           |
|--|---------------------------|
| SPECIFIC DUTY NO. 1<br><b>Primary case officer for a sensitive [ ]</b>   | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 2<br><b>Provide operational support and guidance for Cuban operations conducted by LA Division Stations.</b>                       | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 3<br><b>Direct and supervise Intelligence Assistants assigned to specific areas of responsibilities.</b>                           | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 4<br><b>Desk case officer for access agents and support assets in LA Division Stations' Cuban operations.</b>                      | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 5<br><b>Search for leads in the U.S. for LA Division Cuban operations and personally debrief and exploit further exploitation.</b> | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 6<br><b>[ ]</b>  | RATING LETTER<br><b>C</b> |

## OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER  
**S**

FORM 45 PREVIOUS EDITIONS 9-73

CLASSIFICATION

12. REPORT CL BY

29 May 74

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

In a very short time, Mr. Flores has become an important factor in LA/COG's efforts to directly handle Cuban [redacted] and to expand its recruitment program. His fluent Spanish, past operational experience, versatility and ability to [redacted] in most Latin American countries, make him highly qualified for his present assignment. He demonstrates sound operational judgment under often trying conditions, and good ability to communicate effectively both orally and in writing. His frequent TDYs demand long and unusual hours, which he gives ungrudgingly.

Almost immediately after his assignment to LA/COG in March 1974, Mr. Flores was called upon to handle a sensitive [redacted] case. The agent had already been recruited and many of the developmental aspects of the case had been resolved prior to Mr. Flores' introduction, but it still required a Headquarters based case officer to provide the necessary continuity wherever the agent [redacted]. The case is complicated and time-consuming, involving extended TDYs and utmost adherence to good tradecraft procedures. It has developed into one of our most productive sources of [redacted].

SECTION E

CERTIFICATION AND COMMENTS

(cont'd)

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

16 NOV 1974

OFFICIAL TITLE OF SUPERVISOR

LA/COG/OPS

TYPED OR PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

6 Dec 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the rating officer's comments and performance evaluation. Soon after his arrival at LA/COG, Mr. Flores took over the handling of a sensitive agent. While the agent's bona fides had already been established and his modus operandi determined, considerable ad hoc judgement and direction were required to continue the agent's motivation and ensure his viability. Mr. Flores did extremely well in his guidance of the agent in a series of complicated, extended meetings which took place in [redacted]. Good, professional tradecraft and sound judgement were exhibited by Mr. Flores.

As to his support of LA Station efforts against the Cuban target,

DATE

16 NOV 74

OFFICIAL TITLE OF REVIEWING OFFICIAL

DC/LA/COG

TYPED OR PRINTED NAME AND SIGNATURE

(cont'd)

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

6 Dec 1974

SIGNATURE OF EMPLOYEE

CLASSIFICATION

FITNESS REPORT - Daniel Flores

SECTION D (CONTINUED)

activities in Latin America, due largely to Mr. Flores' professionalism.

Mr. Flores' current assignment is a combination of operational and Headquarters desk responsibilities, the latter calling for the support of field stations in their efforts to develop individual Cuban recruitment programs. His extended TDYs have understandably prevented Mr. Flores from devoting much time to his desk responsibilities and it is somewhat difficult to judge his performance as a desk officer. He has a good grasp of what needs to be done, and his handling of specific tasks indicates good managerial potential. Nevertheless, he does need additional desk experience, especially in areas which will allow him to use his operational ability to support and guide field stations that are developing Cuban operational programs.

COMMENTS BY REVIEWING OFFICIAL (CONTINUED)

this aspect of his performance was less noteworthy, and it is believed more attention and research could have been given to this activity. Mr. Flores writes concisely and well, and his CI/CE instincts are sharp and true. He can be expected to turn in a solid desk performance in the future.



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|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>FITNESS REPORT</b>  |  | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. |   |  |  |
| <b>SECTION A. GENERAL INFORMATION</b>  |  |  |   |  |  |
| 1. EMPLOYEE NUMBER<br><b>194737</b>  | 2. NAME (last, first, middle)<br><b>Flores, Daniel</b> |  | 3. DATE OF BIRTH<br><div style="border: 1px solid black; width: 60px; height: 20px;"></div> | 4. SEX<br><b>M</b>   | 5. GRADE & SD<br><b>GS-12 D</b>          |
| 7. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/WH/Br 3</b>  |   | 9. CURRENT STATION<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |
| 10. TYPE OF APPOINTMENT  |  |  | 11. TYPE OF REPORT  |  |  |
| <input checked="" type="checkbox"/> <b>CAREER</b>  | <input type="checkbox"/> <b>CAREER PROVISIONAL</b>     | <input type="checkbox"/> <b>RESERVE</b>  | <input type="checkbox"/> <b>ANNUAL</b>  | <input type="checkbox"/> <b>21 MONTH</b>   | <input type="checkbox"/> <b>30-MONTH</b> |
| <input type="checkbox"/> <b>CONTRACT</b>   | <input type="checkbox"/> <b>SPECIAL</b>                | <input type="checkbox"/> <b>TEMPORARY</b>  | <input checked="" type="checkbox"/> <b>REASSIGNMENT</b>                                     |  | <input type="checkbox"/> <b>SPECIAL</b>  |
| 12. REPORTING PERIOD (From to)<br><b>31 May 73-4 March 74</b>  |  |  | 13. DATE REPORT DUE IN O.P.   |  |  |
| <b>SECTION B. PERFORMANCE EVALUATION</b>   |  |  |   |  |  |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |  |  |
| <b>SPECIFIC DUTIES</b>   |  |  |   |  |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |  |  |
| SPECIFIC DUTY NO. 1<br><b>Station officer responsible for operations against the MPCHEEK target</b>  |  |  |   |  | RATING LETTER<br><b>S</b>                |
| SPECIFIC DUTY NO. 2<br><b>Direction of and support for an <div style="border: 1px solid black; width: 150px; height: 15px;"></div> and the <div style="border: 1px solid black; width: 100px; height: 15px;"></div></b>  |  |  |   |  | RATING LETTER<br><b>S</b>                |
| SPECIFIC DUTY NO. 3<br><b>Case officer responsible for a <div style="border: 1px solid black; width: 100px; height: 15px;"></div> team</b>   |  |  |   |  | RATING LETTER<br><b>S</b>                |
| SPECIFIC DUTY NO. 4  |  |  |   |  | RATING LETTER                            |
| SPECIFIC DUTY NO. 5  |  |  |   |  | RATING LETTER                            |
| SPECIFIC DUTY NO. 6  |  |  |   |  | RATING LETTER                            |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |   |  | RATING LETTER<br><b>S</b>                |

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**CONFIDENTIAL**

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**OFFICE "CONFIDENTIAL"**

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give reasons for ratings. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject's tour in [ ] has been cut short by the serious illness of his daughter. As a result of this illness it was also necessary for him to spend the months of December and January on emergency leave in the United States, returning without his family in February in order to transfer his ops workload and pack out his personal effects for PCS transfer to Headquarters on 4 March.

Although the undersigned had the privilege of working with Subject only briefly, as rating officer he had the advantage of taking over handling of most of Subject's cases following the departure on emergency leave. Thus he was able to observe first hand and in detail the human material with which Subject had worked, the progress he had made in developing their access and capabilities, and the respect these agents had for him.

During the period covered by this report, Subject continued his pursuit of the MPCHEEK target as his primary operational responsibility. He developed and recruited a [ ] of the [ ] MPCHEEK [ ] to the MPCHEEK [ ] and handled [ ]. He also handled a [ ] and the Station's [ ] via a [ ] who in turn handled [ ].

(Continued)

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |   |   |
|--|---|---|
| 1. BY EMPLOYEE   |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |   |
| DATE<br>4 Mar 74   | SIGNATURE OF EMPLOYEE<br>/s/ Daniel Flores                      |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>4 Mar 74   | OFFICIAL TITLE OF SUPERVISOR<br>DCOS                            | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [ ]              |
| 3. BY REVIEWING OFFICIAL   |   |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |
| <p>As the rater makes clear, Subject will be missed in [ ] and we can only sympathize with the reasons why he must now leave. He was doing the Station a great deal of good and advancing his own career nicely as well. It is worth recalling that Subject provided here in [ ] over what we understand is still a unique operational feat, a [ ] to an MPCHEEK [ ]. Also, Subject was often used on a variety of operational tasks having little to do with his assigned targets because, in the</p> |   |   |
| (Continued)  |   |   |
| DATE<br>4 Mar 74   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>COS                     | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ Richard S. Welch |

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Continuation of Narrative Comments

In carrying this heavy workload, Subject demonstrated that he is a superior agent handler. He succeeded in conveying to these people a sense of mission and participation which has kept their morale and motivation, and hence their production, at a high level. He also insisted upon work and security discipline, with a result that the record of these agents in prompt and reliable appearance for meetings and in responding in writing to requirements is extraordinarily good. They all have a clear idea of what is expected of them, confidence that performance will be rewarded and conversely that non-performance will not be tolerated. Just prior to his departure, Subject successfully terminated an entire [redacted] of long standing, a measure which was decided upon simply because the [redacted] had been [redacted] [redacted] and from a security standpoint replacement seemed to be in order. Letting old agents go is always a delicate and usually a thankless task. It takes finesse and bargaining skill. Subject showed these and more in divesting us of the team without a hitch.

During his last month in [redacted] despite the fact that he was burdened with the problems of closing out his household and the normal operational and administrative cleanup prior to PCS departure, Subject made two very significant contributions to Station objectives. First, he coordinated with the [redacted] the official but necessarily [redacted] visit of a senior BKHERALD officer. Since the Station is [redacted] Subject had to maintain his [redacted] throughout, further complicating this delicate assignment. During the visit, he coordinated frequently with the head of the [redacted] and with the chief administrative aide of the [redacted]. He also participated directly in one meeting with the [redacted]. This was of course not the type of assignment which would normally be entrusted to a "junior officer", but Subject is junior only in relative grade, certainly not in maturity, self-assurance or judgment. Then with only three days left in [redacted] Subject led an [redacted] which entered a building recently purchased by the HPCHEEKS, remained for [redacted] and made two apparently excellent [redacted].

The Station will miss Subject a great deal. As the above incidents demonstrate, when the tough or sensitive assignments came up, he was the officer we turned to most frequently. He never balks, argues inconvenience, or seeks the way out. He is cooperative, helpful, and in a low-key way is always effective. We hope he will not object to the term "old reliable" -- he has been that in [redacted] and more.

SECRET

S E C R E T

Continuation of Comments of Reviewing Officer

first instance he was bilingual and could fade into the  background. But he would not have been so regarded if he had not shown ample good sense, zeal, and balanced judgment in unfamiliar situations. We hope Subject can get overseas again within a reasonable time and consider that the Station that gets him will be fortunate.

SECRET

SECRET

**CONFIDENTIAL**

|  |                                      |   |  |  |                                   |  |                                  |
|--|--------------------------------------|---|--|--|-----------------------------------|--|----------------------------------|
| <b>FITNESS REPORT</b>  |                                      |   |  | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. |                                   |  |                                  |
| <b>SECTION A. GENERAL INFORMATION</b>  |                                      |   |  |  |                                   |  |                                  |
| 1. EMPLOYEE NUMBER<br><b>036130</b>  |                                      | 2. NAME (last, first, middle)<br><b>Flores, Daniel</b>  |  | 3. DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>   |                                   | 4. SEX<br><b>M</b>   | 5. GRADE<br><b>GS11</b>          |
| 6. SD<br><b>D</b>  |                                      | 7. OFFICIAL POSITION TITLE<br><b>Operations Officer</b> |  | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/WH/3</b>   |                                   | 9. CURRENT STATION<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |                                  |
| 10. TYPE OF APPOINTMENT  |                                      |   |  | 11. TYPE OF REPORT   |                                   |  |                                  |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> PROVISIONAL | <input type="checkbox"/> RESERVE                        | <input checked="" type="checkbox"/> ANNUAL                     | <input type="checkbox"/> 21 MONTH  | <input type="checkbox"/> 30 MONTH | <input type="checkbox"/> REASSIGNMENT  | <input type="checkbox"/> SPECIAL |
| <input type="checkbox"/> CONTRACT  | <input type="checkbox"/> SPECIAL*    | <input type="checkbox"/> TEMPORARY                      | 12. REPORTING PERIOD (From-to)<br><b>1 July 1972-31 May 73</b> |  | 13. DATE REPORT DUE IN O.P.       |  |                                  |
| <b>SECTION B. PERFORMANCE EVALUATION</b>   |                                      |   |  |  |                                   |  |                                  |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |                                      |   |  |  |                                   |  |                                  |
| <b>SPECIFIC DUTIES</b>   |                                      |   |  |  |                                   |  |                                  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |                                      |   |  |  |                                   |  |                                  |
| SPECIFIC DUTY NO. 1<br><b>Station officer responsible for operations against the MPCHEEK target.</b>   |                                      |   |  |  |                                   | RATING LETTER<br><b>S</b>  |                                  |
| SPECIFIC DUTY NO. 2<br><b>Handler for sensitive</b> <div style="border: 1px solid black; width: 150px; height: 15px;"></div>   |                                      |   |  |  |                                   | RATING LETTER<br><b>O</b>  |                                  |
| SPECIFIC DUTY NO. 3<br><b>Supervise principal agent</b>  |                                      |   |  |  |                                   | RATING LETTER<br><b>S</b>  |                                  |
| SPECIFIC DUTY NO. 4<br><b>Miscellaneous operational support activity, including direction of a</b> <div style="border: 1px solid black; width: 50px; height: 15px;"></div> <b>team.</b>  |                                      |   |  |  |                                   | RATING LETTER<br><b>S</b>  |                                  |
| SPECIFIC DUTY NO. 5<br><div style="border: 1px solid black; width: 100%; height: 30px;"></div>   |                                      |   |  |  |                                   | RATING LETTER  |                                  |
| SPECIFIC DUTY NO. 6<br><div style="border: 1px solid black; width: 100%; height: 30px;"></div>   |                                      |   |  |  |                                   | RATING LETTER  |                                  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |                                      |   |  |  |                                   |  |                                  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |                                      |   |  |  |                                   | RATING LETTER<br><b>S</b>  |                                  |

FORM 45N

**CONFIDENTIAL**

12 IMPDET CL BY 007822

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| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B by providing background for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small>  |   |                                     |  |
| <p>Following realignment of Station officer assignments last year, Subject was given the responsibility for operations against the MPCHEEK "hard target". He also assumed additional tasks in more traditional areas, such as coverage of the [redacted] of the [redacted] and [redacted]. The breadth of these operational commitments attests Subject's professional ability and versatility. (This would be a senior case officer's load by any description and Subject's performance at it was the reason behind our recommendation for accelerated promotion last year.)</p> <p>Particularly against the difficult MPCHEEK target, this officer has displayed admirable determination despite the inherent frustrations and disappointments of working against this remote and suspicious group. During the period under review, his job has been the more difficult since the MPCHEEKs, in all probability [redacted] Station [redacted] (in which Subject played a major role), have withdrawn into a defensive shell which makes access operations verge on the impossible. Nevertheless, he has continued to probe their defenses, and has managed to develop [redacted] leads which, with the exercise of patience and application of his proven operational resources, could eventually [redacted] to the [redacted] MPCHEEK Mission here. This officer refuses to become discouraged, a quality officers working on hard targets must have.</p> <p>Special mention is made of Subject's successful bid to make recontact and establish regular meetings with a [redacted]. The agent had broken contact with his former handler in the belief that such action was dictated by his security situation. Our choice of Subject to attempt to recontact this asset was dictated by his experience in dealing with skittish [redacted] and our belief that Subject could bring it off with tact, reading the situation. /CONTINUED/</p> |   |                                     |  |
| SECTION D   |   | CERTIFICATION AND COMMENTS          |  |
| 1. BY EMPLOYEE  |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
| 28 June 1973  | /s/ Daniel Flores   |                                     |  |
| 2. BY SUPERVISOR  |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| 20  |   |                                     |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 28 June 1973  | Deputy Chief of Station   | /s/ [redacted]                      |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>As described, this officer is a steady and solid performer who carries a major case load securely, productively, and without complaint. He has even volunteered to take on additional work when he has seen opportunities to help the Station's overall mission. Because he [redacted] he is often drafted for all kinds of ad hoc operational work. This is invariably well done. He is operationally aggressive but also shows lively awareness of the tricky operational climate here and does not push beyond what the traffic will bear. His agents respect his seriousness, which permits him to get more utility out of them. He is a pillar of this Station.</p>   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 2 July 1973   | Chief of Station  | /s/ Richard S. Welch                |  |

**CONFIDENTIAL**

C O N F I D E N T I A L

Section C continued.....

as it developed, and make appropriate on-the-spot adjustments to control the asset's reactions. All this had to be accomplished with great regard to security because of the [redacted] Subject's performance has been effective and, given the operation's importance, can really be called outstanding. The agent is again a prime source on the [redacted] which is crucial to developments locally.

Further, this officer continues to manage an [redacted] agent who in turn [redacted] and [redacted] so directing these efforts that they contribute effectively to overall Station objectives. More recently, Subject has taken over the [redacted] of a new [redacted] targetted against a [redacted] and is carrying it through successfully. This officer also handles much of the support requirements for his various operations, including management of [redacted] overseeing a small [redacted] and acquisition of rental cars and property [redacted] There is little doubt that some of Subject's success can be attributed to his Latin background and fluent Spanish. But both of these advantages might be wasted by a less capable all-round officer. In his case, they provide him with complementary skills that enhance his superior performance. In the view of the reporting officer, Subject carries more than his own share here in [redacted] in a manner normally calling for an officer of considerably more senior grade and experience.

C O N F I D E N T I A L

**SECRET**

(When Filled In)

|  |  |   |   |   |                                  |
|--|--|---|---|---|----------------------------------|
| <b>FITNESS REPORT</b>  |  |   |   | EMPLOYEE SERIAL NUMBER<br><b>036130</b> |                                  |
| <b>SECTION A - GENERAL</b>   |  |   |   |   |                                  |
| 1. NAME (Last) (First) (Middle)<br><b>Flores Daniel</b>  |  |   | 2. DATE OF BIRTH  | 3. SEX<br><b>M</b>                      | 4. GRADE 5. SD<br><b>GS-11 D</b> |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  |   | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION<br><b>DDP/WHL/3</b>  |   |                                  |
| 9. CHECK (X) TYPE OF APPOINTMENT<br><input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |   | 10. CHECK (X) TYPE OF REPORT<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |   |                                  |
| SPECIAL (Specify):   |  |   | SPECIAL (Specify):  |   |                                  |
| 11. DATE REPORT DUE IN O.P.<br><b>31 August 1972</b>   |  |   | 12. REPORTING PERIOD (From - to)<br><b>24 September 1971 - 30 June 1972</b>   |   |                                  |
| <b>SECTION B - PERFORMANCE EVALUATION</b>  |  |   |   |   |                                  |
| <b>U-Unsatisfactory</b>  |  | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |   |   |                                  |
| <b>M-Marginal</b>  |  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.  |   |   |                                  |
| <b>P-Proficient</b>  |  | Performance is satisfactory. Desired results are being produced in the manner expected.   |   |   |                                  |
| <b>S-Strong</b>  |  | Performance is characterized by exceptional proficiency.  |   |   |                                  |
| <b>O-Outstanding</b>   |  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |   |   |                                  |
| <b>SPECIFIC DUTIES</b>   |  |   |   |   |                                  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |   |   |   |                                  |
| SPECIFIC DUTY NO. 1<br><b>Direction of and administrative support for principal agents whose efforts he directs</b>  |  |   |   |   | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 2<br><b>Coordinator of all Station operations against the</b> <span style="border: 1px solid black; padding: 0 20px;"> </span> <b>including management of the project covering this activity.</b>  |  |   |   |   | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 3<br><b>Case officer in charge of the Station's</b> <span style="border: 1px solid black; padding: 0 20px;"> </span>   |  |   |   |   | RATING LETTER<br><b>P</b>        |
| SPECIFIC DUTY NO. 4  |  |   |   |   | RATING LETTER                    |
| SPECIFIC DUTY NO. 5  |  |   |   |   | RATING LETTER                    |
| SPECIFIC DUTY NO. 6  |  |   |   |   | RATING LETTER                    |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> EXEMPT FROM PERMANENT DECLASSIFICATION<br/> OF E.O. 11652, 1 FEB 61<br/> S 55(1) (C)<br/> AUT. </div> <div style="margin-top: 10px; text-align: center;"> <b>IMPODET</b><br/> <small>(UNLESS INDICATED, THIS IS OF GSA)</small> </div>   |  |   |   |   |                                  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |   |   |                                  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |   |   |   | RATING LETTER<br><b>S</b>        |



**SECRET**

(When Filled In)

|  |   |   |
|--|---|---|
| <b>SECTION C</b>   | <b>NARRATIVE COMMENTS</b>                                       |   |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>  |   |   |
| <p>In the period of this report, Subject established himself and his family at this post and undertook the direction of the Station's operations against the [ ] which had formerly been handled by an officer two grades senior to Subject. He has proved equal to the task. He learned his new assignment rapidly and adapted well to the handling of his cases through [ ] agents, a security requirement of the [ ] which can be frustrating for an aggressive officer with fluent Spanish such as Subject. However, he has shown maturity and superior handling ability in directing his assets against the [ ] and particularly the [ ]. His intimate knowledge of the [ ] enabled him to plan secure contact with a [ ] who at first appeared genuine. After thoroughly debriefing this individual, drawing upon his knowledge of the [ ] Subject was able to recommend no continuing contact with him due to specific fabrications on the part of the [ ].</p> <p>He is careful in management of funds entrusted to him for his operations and provides required administrative and operational reports in a timely manner. There have been past comments on Subject's weakness in writing. He has worked hard on this, and the rating officer feels that he is now competently producing the reports required. Subject understands that this is an area that requires continuing attention for a growing professional.</p> <p align="right">/CONTINUED/</p> |   |   |
| <b>SECTION D</b>   | <b>CERTIFICATION AND COMMENTS</b>                               |   |
| <b>1. BY EMPLOYEE</b>  |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |   |
| DATE<br>15 August 1972   | SIGNATURE OF EMPLOYEE<br>/s/ Daniel Flores                      |   |
| <b>2. BY SUPERVISOR</b>  |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>10  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>15 August 1972   | OFFICIAL TITLE OF SUPERVISOR<br>Deputy Chief of Station         | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [ ]              |
| <b>3. BY REVIEWING OFFICIAL</b>  |   |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |
| <p>Subject has come up the hard way, both in pushing on to finish his education and in BKTRUST. As a result he is way under-graded for his maturity and for his operational contributions. That we have given Subject a major responsibility here (STPAGODA) attests to how much confidence we have in him and his ability. He is, of course, bi-lingual and mixes well with [ ] an advantage he uses well. A good "street" operator, he still has a way to go in organizing his paper work and in relating to HQ needs.</p>   |   |   |
| DATE<br>15 August 1972   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief of Station        | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ Richard S. Belch |

**SECRET**

SECTION C continued.....

A comment must be made on Subject's great ability to adjust rapidly to one-time and target of opportunity assignments. His performance in meeting with [ ] high level agents of [ ] who had to be met during stays in [ ] and his on-site assistance in an [ ] against a priority target have been of the highest order. No doubt his fluent Spanish greatly assisted him in these tasks, but his experience and good judgment were major factors in his excellent performance in the role of utility operations officer.

To exploit Subject's talents to the fullest, and provide him with the professional challenge equal to his ability, he has now been assigned the management and handling of the difficult [ ] a top priority for the Station. This is a true measure of our confidence in him.

**SECRET**

When Filled In;

| FITNESS REPORT   |  |   |   | EMPLOYEE SERIAL NUMBER |                    |
|--|--|---|---|------------------------|--------------------|
|  |  |   |   | 036130                 |                    |
| <b>SECTION A GENERAL</b>   |  |   |   |                        |                    |
| 1. NAME (Last) (First) (Middle)  |  | 2. DATE OF BIRTH  |   | 3. SEX                 | 4. GRADE 5. SD     |
| Flores, Daniel   |  |   |   | M                      | GS-10 D            |
| 6. OFFICIAL POSITION TITLE   |  |   | 7. OFFICIAL OF ASSIGNMENT   |                        | 8. CURRENT STATION |
| Ops Officer  |  |   | DDP/WH/3  |                        | Hqs                |
| 9. CHECK TYPE OF APPOINTMENT   |  |   | 10. CHECK TYPE OF REPORT  |                        |                    |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |   | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                    |
| CAREER-PROVISIONAL (See Instructions - Section C)  |  |   | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                    |
| SPECIAL (Specify):   |  |   | SPECIAL (Specify):  |                        |                    |
| 11. DATE REPORT DUE IN O.P.  |  |   | 12. REPORTING PERIOD (From - to)  |                        |                    |
| 31 October 1971  |  |   | 1 May 1971 - 30 September 1971  |                        |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |   |   |                        |                    |
| U-Unsatisfactory   |  | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |   |                        |                    |
| M-Marginal   |  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.  |   |                        |                    |
| P-Proficient   |  | Performance is satisfactory. Desired results are being produced in the manner expected.   |   |                        |                    |
| S-Strong   |  | Performance is characterized by exceptional proficiency.  |   |                        |                    |
| O-Outstanding  |  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |   |                        |                    |
| <b>SPECIFIC DUTIES</b>   |  |   |   |                        |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |   |   |                        |                    |
| SPECIFIC DUTY NO. 1  |  |   |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 2  |  |   |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 3  |  |   |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 4  |  |   |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 5  |  |   |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 6  |  |   |   |                        | RATING LETTER      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |   |                        |                    |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |   |   |                        | RATING LETTER      |

**SECRET**

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

AUG 17 2 17 PM '71

Mr. Daniel Flores completed his first tour in [redacted] and departed the field on 28 May 1971. Following home leave, Mr. Flores returned to Headquarters in August for approximately two months training prior to his next assignment to [redacted]. This training included Weapons Familiarization and Defensive Driving, CA, [redacted] Communist Party, TSD briefings, and on-the-desk Reports Writing Familiarization.

Since Mr. Flores has been on leave or training status for most of this reporting period, no meaningful rating can be given.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |  |
|--|--|
| <b>1. BY EMPLOYEE</b>  |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT |  |
| DATE   | SIGNATURE OF EMPLOYEE  |
|  |  |
| <b>2. BY SUPERVISOR</b>  |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION                  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION            |
|  | employee in training   |
| DATE   | OFFICIAL TITLE OF SUPERVISOR   |
| 16 August 1971   | WH/Personnel Officer   |
| <b>3. BY REVIEWING OFFICIAL</b>                                |  |
| COMMENTS OF REVIEWING OFFICIAL                                 |  |
|  |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL (TYPED OR PRINTED NAME AND SIGNATURE) |
|  |  |

**SECRET**

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(When Filled In)

| FITNESS REPORT   |  |  |   | EMPLOYEE SERIAL NUMBER |                    |               |       |
|--|--|--|---|------------------------|--------------------|---------------|-------|
|  |  |  |   | 036130                 |                    |               |       |
| <b>SECTION A GENERAL</b>   |  |  |   |                        |                    |               |       |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH  |                        | 3. SEX             | 4. GRADE      | 5. ID |
| Flores, Daniel   |  |  |   |                        | M                  | HN-10         | D     |
| 6. OFFICIAL POSITION TITLE   |  |  | 7. OFF. OR. OF ASSIGNMENT   |                        | 8. CURRENT STATION |               |       |
| Ops Officer  |  |  | DDP/WH/3  |                        |                    |               |       |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                    |               |       |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |                        |                    |               |       |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - to)  |                        |                    |               |       |
|  |  |  | 1 October 1970/30 April 1971  |                        |                    |               |       |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |                        |                    |               |       |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                    |               |       |
| <b>SPECIFIC DUTIES</b>   |  |  |   |                        |                    |               |       |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |                        |                    |               |       |
| SPECIFIC DUTY NO. 1  |  |  |   |                        |                    | RATING LETTER |       |
| Case Officer responsible for a Base project targetted against the  |  |  |   |                        |                    | S             |       |
| SPECIFIC DUTY NO. 2  |  |  |   |                        |                    | RATING LETTER |       |
| Case Officer responsible for a sensitive technical operation including the selection of intelligence resulting from the operation.   |  |  |   |                        |                    | O             |       |
| SPECIFIC DUTY NO. 3  |  |  |   |                        |                    | RATING LETTER |       |
| Development of new agent assets.   |  |  |   |                        |                    | P             |       |
| SPECIFIC DUTY NO. 4  |  |  |   |                        |                    | RATING LETTER |       |
| Preparation of dispatches, intelligence reports and other correspondence pertinent to his area of responsibility.  |  |  |   |                        |                    | P             |       |
| SPECIFIC DUTY NO. 5  |  |  |   |                        |                    | RATING LETTER |       |
|  |  |  |   |                        |                    |               |       |
| SPECIFIC DUTY NO. 6  |  |  |   |                        |                    | RATING LETTER |       |
|  |  |  |   |                        |                    |               |       |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |   |                        |                    |               |       |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |   |                        |                    | RATING LETTER |       |
|  |  |  |   |                        |                    | S             |       |

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Reviewed by OFFICIAL

**SECRET**

(When Filled In)

|  |   |  |  |
|--|---|--|--|
| <b>SECTION C</b>   |   | <b>NARRATIVE COMMENTS</b>  |  |
| <p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p> <p>There has been little change in Subject's performance since the submission of his last report covering the period through 30 September 1970.</p> <p align="center"><small>U.S. AIR FORCE</small></p> <p>The highpoint of his activities during this period, as it has been throughout his tour, has been his management of a sensitive technical operation which has been a consistent producer of unique and high level intelligence. This has been a good performance on Subject's part indicative of his professional capability to conduct clandestine operations.</p> <p>Subject's writing ability has improved during this period, and there is little doubt that his efforts in this regard are paying off. Further experience should see continued improvement of his writing skills.</p> <p>As Subject's first tour comes to a close he can look back on a generally strong performance in all phases of his operational activity on behalf of the Base's objectives.</p> |   |  |  |
| <b>SECTION D</b>   |   | <b>CERTIFICATION AND COMMENTS</b>  |  |
| 1. <b>BY EMPLOYEE</b>  |   |  |  |
| <small>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</small>  |   |  |  |
| DATE<br>3 May 1971   | SIGNATURE OF EMPLOYEE<br>/s/ Daniel Floros  |  |  |
| 2. <b>BY SUPERVISOR</b>  |   |  |  |
| <small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small><br>20   | <small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small>  |  |  |
| DATE<br>3 May 1971   | <small>OFFICIAL TITLE OF SUPERVISOR</small><br>COB, <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> | <small>TYPED OR PRINTED NAME AND SIGNATURE</small><br>/s/ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |  |
| 3. <b>BY REVIEWING OFFICIAL</b>  |   |  |  |
| <small>COMMENTS OF REVIEWING OFFICIAL</small><br><p>I concur in the ratings and remarks of the supervisor. During his first tour abroad, Subject has done very well in his main fields of activity. His outstanding attribute at the moment is his persistence not only in going after operational targets but also in improving himself. He has encountered some difficulty in presenting his ideas in written form but he has faced up to this problem and, as the rating officer notes, has made significant improvement.</p> <p align="right">(Continued)</p>  |   |  |  |
| DATE<br>17 May 71  | <small>OFFICIAL TITLE OF REVIEWING OFFICIAL</small><br>COS, Quito   | <small>TYPED OR PRINTED NAME AND SIGNATURE</small><br>/s/ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |  |

**SECRET**

S E C R E T

Continuation of Comments by Reviewing Official

Subject has a clear-headed approach to the collection of intelligence and is realistic in evaluating potential sources. His fluency in the Spanish language has facilitated his movement in the local community and he has developed several potentially useful sources and identified others.

In considering this officer for promotion, two facts should be kept in mind:

- a. He is probably older and certainly more mature than the average officer at his grade level. He is anxious to get ahead and this explains much of his initiative and drive.
- b. The rating officer has rated him very realistically which, in my view, adds to the importance of the outstanding rating given him on Specific Duty No. 2.

S E C R E T

C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Weapons Training/Defensive Driving Course No. 1/72

2-6 August 1971

Date

TRAINEE: FLORES, Daniel

OFFICE: WH

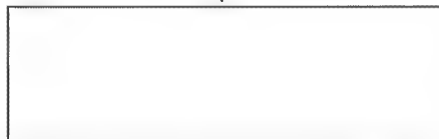
PURPOSE AND SCOPE OF COURSE:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of defensive driving to counter vehicular kidnaping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

ACHIEVEMENT RECORD:

This is to certify that Mr. Flores has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:



Chief, Special Activities Branch

9 August 1971

Date

C-O-N-F-I-D-E-N-T-I-A-L



### Certification of Handgun Qualification

9 August 1971

Date \_\_\_\_\_

Mr. [redacted] and  
(Instructor SAB Staff, OTG, ISOLATION)  
Identity

Trainee FLORES, Daniel, WH  
Identity

on 2-6 August, Mr. Flores was given 28 hours  
date identity

instruction in firing techniques, weapon care and safe weapons handling

procedures. Subsequently Mr. Flores fired the handgun qualifica-  
identity

Automatic (Cal. - 9mm) 258  
 tion course with a Revolver (Cal. 38) achieving a score of 261 out  
 weapon

of a possible 300. Mr. Flores demonstrated that he  
identity

had absorbed the instruction on safe weapon handling and that he exercises

due care and discretion. Accordingly Mr. Flores is certified as  
identity

qualified with the Automatic (Cal. - 9mm)  
Revolver (Cal. - 38) as of this date.  
weapon

**Signed**

SAB/OTO

S E C R E T

Continuation of Narrative Comments

the target is good. The project is, however, in need of good human reporting assets and it is expected that as Subject overcomes a weakness mentioned in the next paragraph he will be able to devote more of his time to this important task.

The Subject has encountered some difficulty in the preparation of written material -- dispatches, intelligence reports -- and finds it necessary to spend an extended portion of his time on its preparation. The rater has discussed this with Subject on several occasions, and it is believed that his difficulty is due to a lack of experience, and that in time and with a continuing effort on his part he will develop his writing skills.

The Subject's overall attitude and response towards his professional responsibilities during the first tour have been positive. He is interested in the kind of work he is doing, likes it and is willing to put in the kind of long hours it sometimes demands without complaint.

Continuation of Comments of Reviewing Official

of the Base. He responds positively to guidance and direction; he is eager for new opportunities to enlarge his experience and knowledge. He appears to be completely motivated toward the work of this organization; it is a pleasure to have him in

S E C R E T

Classified by: [redacted] [redacted]

**SECRET**

(When Filled In)

|                  |                           |
|------------------|---------------------------|
| <b>SECTION C</b> | <b>NARRATIVE COMMENTS</b> |
|------------------|---------------------------|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

The period covered by this report encompasses the middle portion of the Subject's first tour as a Case Officer. His performance during this period has been balanced in that he has shown the kind of intelligence and maturity necessary to successfully carry out clandestine operational activity. He has also shown a weakness which he will need to overcome in order to achieve his full operating potential.

The Subject has turned in fine performance in the overall management of a very important and sensitive [ ] operation which has been under his care since the pre-installation phase. His sure and careful handling of all succeeding phases of this operation led to a secure, uncomplicated installation, the recruitment and training of support agents, and the dissemination of valuable intelligence information. Subject's natural fluency in the Spanish language has been especially useful in this operation. His handling of this installation has been of a high professional caliber throughout.

The Subject is also responsible for the management of a project targeted against the [ ]. His handling of this project has been good: he is a good agent handler; knows how to target his assets against objectives of most importance; and, his knowledge of  
(Continued)

|                  |                                   |
|------------------|-----------------------------------|
| <b>SECTION D</b> | <b>CERTIFICATION AND COMMENTS</b> |
|------------------|-----------------------------------|

|           |                    |
|-----------|--------------------|
| <b>1.</b> | <b>BY EMPLOYEE</b> |
|-----------|--------------------|

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

|                                     |   |
|-------------------------------------|---|
| <small>DATE</small><br>30 Oct. 1970 | <small>SIGNATURE OF EMPLOYEE</small><br>/s/ Daniel Flores |
|-------------------------------------|---|

|           |                      |
|-----------|----------------------|
| <b>2.</b> | <b>BY SUPERVISOR</b> |
|-----------|----------------------|

|  |  |
|--|--|
| <small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small> | <small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small> |
|--|--|

|                     |   |  |
|---------------------|---|--|
| <small>DATE</small> | <small>OFFICIAL TITLE OF SUPERVISOR</small> | <small>TYPED OR PRINTED NAME AND SIGNATURE</small> |
|---------------------|---|--|

|              |  |  |
|--------------|--|--|
| 30 Oct. 1970 |  |  |
|--------------|--|--|

|           |                              |
|-----------|------------------------------|
| <b>3.</b> | <b>BY REVIEWING OFFICIAL</b> |
|-----------|------------------------------|

Comments of Reviewing Official

I agree with the ratings. This has been a good year for Subject, one which has given him a rather unusual opportunity to learn many facets of the work of this organization and one in which he has shown a very satisfactory level of accomplishment. Shortly after his arrival in [ ] he became, for a short time, the Acting Chief of Base, and through that period and the ensuing change in Base Chiefs, he showed a professional maturity we felt to be exceptional for a young officer on his first tour. He has worked hard and intensely for improvement in the quantity and quality of his operational production, and he has collaborated very effectively with the other officers  
(Continued)

30 Oct. 1970

30 Oct. 1970

CDS

**SECRET**

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |  |        | EMPLOYEE SERIAL NUMBER   |                    |
|--|--|--|--------|--|--------------------|
|  |  |  |        | 006120   |                    |
| <b>SECTION A GENERAL</b>   |  |  |        |  |                    |
| 1. NAME (Last) (First) (Middle)  |  | 2. DATE OF BIRTH   | 3. SEX | 4. GRADE   | 5. SS              |
| Flores, Daniel   |  | 4 Aug 1935   | M      | GS-10  | D                  |
| 6. OFFICIAL POSITION TITLE   |  | 7. OFFICE/BRANCH OF ASSIGNMENT   |        | 8. [Redacted]  |                    |
| Ops Officer  |  | DDP/XH/Branch 3  |        |  |                    |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  | 10. CHECK (X) TYPE OF REPORT   |        |  |                    |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Position C)  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL<br><input type="checkbox"/> SPECIAL (Specify): |        | <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> REASSIGNMENT EMPLOYEE |                    |
| 11. DATE REPORT DUE IN O.P.  |  | 12. REPORTING PERIOD (From - to)   |        |  |                    |
|  |  | 1 October 1969 - 30 September 1970   |        |  |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |        |  |                    |
| <b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.<br><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.<br><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.<br><b>S-Strong</b> Performance is characterized by exceptional proficiency.<br><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performances of others doing similar work as to warrant special recognition. |  |  |        |  |                    |
| <b>SPECIFIC DUTIES</b>   |  |  |        |  |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |        |  |                    |
| SPECIFIC DUTY NO. 1<br>Case Officer responsible for Base project targetted against the [Redacted]  |  |  |        |  | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 2<br>Case Officer responsible for a sensitive [Redacted] operation including the selection of the intelligence resulting from the operation  |  |  |        |  | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3<br>The development of new agent assets and operations  |  |  |        |  | RATING LETTER<br>P |
| SPECIFIC DUTY NO. 4<br>Preparation of dispatches, intelligence reports and other correspondence pertinent to the operation in his area of responsibility   |  |  |        |  | RATING LETTER<br>P |
| SPECIFIC DUTY NO. 5  |  |  |        |  | RATING LETTER      |
| SPECIFIC DUTY NO. 6  |  |  |        |  | RATING LETTER      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |        |  |                    |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, supervisory responsibilities, personal habits, and potential limitations or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |        |  | RATING LETTER<br>S |

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Section C

Narrative Comments, Cont'd

disciplined, effective manner enabling him to maintain a continuity and productivity within the Base operational requirements with security and dispatch.

Socially Subject and his wife are proving to be good mixers and both are gaining in popularity within the local [redacted] communities. They both have gained the respect and appreciation of the [redacted] complex not only as compatible personalities, but in her willingness to participate actively in [redacted] endeavors and his professional cooperative attitude. Their optimistic and positive conduct at official and non-official functions is a credit to the Base.

Subject's native fluency in Spanish and his Latin background is proving to be a definite asset in the performance of his assigned operational tasks and ability to handle agent assets amicably and productively.

He maintains accurate accounting records and is demonstrating responsible acute cost consciousness in the use of funds and properties.

This rater's principal criticism of this employee is his tendency toward impulsiveness and too-quick judgement before weighing all the facts and implications in the pursuit of his operational requirements; however, this weakness is more a function of his inexperience in the field and will be resolved as he gains more field experience.

Subject, although exhibiting resourcefulness and imagination in performing his assigned operational tasks also has a tendency to accept the judgement of other senior grade officers too readily rather than express his own convictions and trust in his own assessment of a situation.

This rater has counseled this Officer regarding these tendencies and he is taking measures to rectify them.

In judging his over all performance, this Rater is of the opinion if he continues to apply himself in handling tasks worthy of a senior grade officer, he should be considered for a promotion to the GS-10 level at the earliest opportunity.

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**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                           |                           |                           |
|---|--|--|--|------------------------|---------------------------|---------------------------|---------------------------|
|   |  |  |  | 036130                 |                           |                           |                           |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |                           |                           |                           |
| 1. NAME<br>(Last) (First) (Middle)<br><b>Florch, Daniel</b>   |  |  | 2. DATE OF BIRTH<br><b>12-1-35</b>   | 3. SEX<br><b>M</b>     | 4. GRADE<br><b>(11-1)</b> | 5. SD<br><b>D</b>         |                           |
| 6. OFFICIAL POSITION TITLE<br><b>Oph Officer</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/WH/Br 3</b>  |                        | 8. CURRENT STATION        |                           |                           |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |                        |                           |                           |                           |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER/PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)<br><input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                           |                           |                           |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - To)<br><b>13 May 1969 - 30 September 1969</b>   |                        |                           |                           |                           |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                           |                           |                           |
| <p><b>W - <del>Whole</del></b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - <del>Adequate</del></b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - <del>Proficient</del></b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - <del>Strong</del></b> Performance is characterized by exceptional proficiency.</p> <p><b>O - <del>Outstanding</del></b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                           |                           |                           |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                           |                           |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |                           |                           |                           |
| SPECIFIC DUTY NO. 1<br>Case Officer responsible for handling Base operations and assets targetted against hard- and soft-line communist activities in the [ ] of [ ] <b>DE 42</b>   |  |  |  |                        |                           | RATING LETTER<br><b>S</b> |                           |
| SPECIFIC DUTY NO. 2<br>Case Officer responsible for the handling of [ ] sensitive [ ] operations. He is also responsible for the translations, processing, and dissemination of the relevant intelligence info. <b>DE 42</b>  |  |  |  |                        |                           | RATING LETTER<br><b>S</b> |                           |
| SPECIFIC DUTY NO. 3<br>Case Officer of [ ] assets targetted against the [ ] within [ ] groups. <b>DE 42</b>   |  |  |  |                        |                           | RATING LETTER<br><b>P</b> |                           |
| SPECIFIC DUTY NO. 4<br>Development of new contacts and operations, including following up operational leads and recruitment pitches. <b>DE 42</b>   |  |  |  |                        |                           | RATING LETTER<br><b>P</b> |                           |
| SPECIFIC DUTY NO. 5<br>Case Officer responsible for writing his own intelligence disseminations prepared from information obtained from his agent assets. <b>DE 42</b>  |  |  |  |                        |                           | RATING LETTER<br><b>P</b> |                           |
| SPECIFIC DUTY NO. 6<br>Drafts operational correspondence, Project Renewals, and Progress Reports. <b>DE 42</b>  |  |  |  |                        |                           | RATING LETTER<br><b>S</b> |                           |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |                           |                           |                           |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |                        |                           |                           | RATING LETTER<br><b>S</b> |

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

OCT 26 10 40 AM '69

This employee, a GS-09, arrived PCS at the [ ] Base on 13 May 1969 and has been under this Rater's supervision during this four and one-half month period. [ ] is his first overseas assignment with this Agency.

During this short reviewing period, this Officer has demonstrated a marked insight and knowledgeableness of the operations he has been assigned, and has provided a number of good ideas and suggestions for the betterment of these operations. Subject is proving to be a hard worker and has not complained of the many extra hours he has devoted to his operations. He has accepted responsibilities without hesitation and is not afraid to take on difficult tasks using initiative and ingenuity in their completion. This latter quality has been amply demonstrated when the Rater was unexpectedly confined to a hospital in the [ ] for the full month of August 1969, leaving this employee solely responsible for the Base as the only inside Case Officer at the Base during this time. Rater's absence corresponded with a change in Case Officer PCS assignments at the Base, which left the Base temporarily depleted of Officers. During this period, Subject exhibited an ability and maturity expected of an officer of higher grade and greater field experience. He organized his increased workload in a

...Continued...

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |   |                                     |
|--|---|-------------------------------------|
| <b>1. BY EMPLOYEE</b>  |   |                                     |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |
| 2 October 1969   | /s/ Daniel Flores   |                                     |
| <b>2. BY SUPERVISOR</b>  |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 2 October 1969   | Chief of Base   | /s/ [ ]                             |
| <b>3. BY REVIEWING OFFICIAL</b>  |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |
| This Officer has made a most impressive beginning in [ ] He has in a few short months adapted to new tasks and a new environment with mature, if modest, assurance and a professional approach which speaks highly for the training and experience he has had. He has taken on, in the absence of the Chief of Base and other senior officers, responsibilities uncommon to an officer of his junior position, and he has handled them in a superior fashion. He and his wife have entered into their representational responsibilities with great enthusiasm and effectiveness, and I predict a most highly successful tour for him in [ ] Because he has shown a personal and professional competence beyond his grade level, it is strongly recommended that he be considered for promotion to GS-10 at the earliest opportunity. |   |                                     |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
| 16 October 1969  | Chief of Station  | /s/ [ ]                             |

**SECRET**

**SECRET**  
(When Filled In)

|   |  |  |  |   |                                  |
|---|--|--|--|---|----------------------------------|
| <b>FITNESS REPORT</b>   |  |  |  | EMPLOYEE SERIAL NUMBER<br><b>036130</b> |                                  |
| <b>SECTION A GENERAL</b>  |  |  |  |   |                                  |
| 1. NAME (Last) (First) (Middle)<br><b>Flores Daniel</b>   |  |  | 2. DATE OF BIRTH<br><b>11</b>  | 3. SEX<br><b>M</b>                      | 4. GRADE<br><b>GS-08</b>         |
| 5. OFFICIAL POSITION TITLE<br><b>OPH Officer</b>  |  |  | 6. OFF/DIV/RR OF ASSIGNMENT<br><b>DDP/WH/4</b>   |   | 7. CURRENT STATION<br><b>HQS</b> |
| 8. CHECK (X) TYPE OF APPOINTMENT<br><input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  | 9. CHECK (X) TYPE OF REPORT<br><input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR |   |                                  |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE             |   |                                  |
| <input type="checkbox"/> SPECIAL (Specify):   |  |  | <input type="checkbox"/> SPECIAL (Specify):  |   |                                  |
| 10. DATE REPORT DUE IN O.P.   |  |  | 11. REPORTING PERIOD (From - to)<br><b>19 September 1968 - 30 April 1969</b>                                     |   |                                  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |   |                                  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |   |                                  |
| <b>SPECIFIC DUTIES</b>  |  |  |  |   |                                  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).  |  |  |  |   |                                  |
| SPECIFIC DUTY NO. 1<br><b>Operations officer handling the Headquarters direction and support of FI projects and activities.</b>   |  |  |  |   | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 2<br><b>Preparation of operational correspondence, dispatches, cables and special memoranda.</b>  |  |  |  |   | RATING LETTER<br><b>P</b>        |
| SPECIFIC DUTY NO. 3<br><b>Coordination of operational matters with other components and desks.</b>  |  |  |  |   | RATING LETTER<br><b>P</b>        |
| SPECIFIC DUTY NO. 4   |  |  |  |   | RATING LETTER                    |
| SPECIFIC DUTY NO. 5   |  |  |  |   | RATING LETTER                    |
| SPECIFIC DUTY NO. 6   |  |  |  |   | RATING LETTER                    |
| <div style="float: left; width: 20%; text-align: center;"> <b>13 MAY 1969</b><br/> <i>[Signature]</i> </div> <div style="clear: both;"></div>   |  |  |  |   |                                  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |   |                                  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |   | RATING LETTER<br><b>P</b>        |



**SECRET**

(When Filled In)

|   |   |                                     |                                   |  |    |
|---|---|-------------------------------------|-----------------------------------|--|----|
| <b>SECTION C</b>  |   |                                     | <b>NARRATIVE COMMENTS</b>         |  |    |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manager of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>  |   |                                     |                                   |  |    |
| <p>Mr. Flores did a fine job while he was assigned to the Chile desk. He had responsibility for a variety of FI projects, including several complex and sensitive ones, which he ably handled. He had a full workload and in addition to his assigned responsibilities he was given FI assignments of every type as they arose. On one occasion he was sent on an operational trip to [redacted] where he was to contact, assess and support a target personality. Owing to circumstances beyond his control nothing went as expected but Mr. Flores, acting alone, improvised and adapted to the situation. This is indicative of the initiative and eagerness he displayed in his desk work. He was willing to learn and he accepted guidance and instruction to the letter. In addition Mr. Flores writes well and this is always an asset.</p> <p>Mr. Flores is fluent in Spanish. It is my impression that if there is one thing that Mr. Flores wants to be that is a field case officer. He is now getting that chance. He will soon leave on an assignment to [redacted] I have no doubt that he will do very well.</p> <p>Mr. Flores did not have any managerial duties.</p> |   |                                     |                                   |  |    |
| <b>SECTION D</b>  |   |                                     | <b>CERTIFICATION AND COMMENTS</b> |  |    |
| 1. BY EMPLOYEE  |   |                                     |                                   |  |    |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |                                   |  |    |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |                                   |  |    |
| 28 April 1969   | [Signature]   |                                     |                                   |  |    |
| 2. BY SUPERVISOR  |   |                                     |                                   |  |    |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |                                   |  |    |
| 5 months  |   |                                     |                                   |  |    |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TY                                  |                                   |  | RE |
| 28 April 69   | C/WH/4/Chile  |                                     |                                   |  |    |
| 3. BY REVIEWING OFFICIAL  |   |                                     |                                   |  |    |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |                                   |  |    |
| <p align="center">I concur in the above assessment.</p>   |   |                                     |                                   |  |    |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |                                   |  |    |
| 29 April 1969   | Chief, WH/4   | [Signature]<br>Raymond A. Warren    |                                   |  |    |

**SECRET**

STANDARDIZATION OF PERSONNEL REPORTS

1. NAME (LAST) (FIRST) (MIDDLE) (Employee  
Serial No.)

FLORES, Daniel 07 036130  
2. DATE REPORT MADE (OF REPORTING PERIOD)  
30 November 1968 17 December 1967 - 31 October 1968

3. This course trainee has been assigned in course of the Integrated Program with assignment training in Clandestine Operations.  
Detailed evaluations of his performance in each phase are contained in his Official Personnel Folder. Definition of the rating letter corresponds to that in Section B, Progress Report Form 4b (4-6-67).

OVERALL PERFORMANCE IN INTEGRATED PROGRAM Proficient

4. COMMENT AND PERTINENT OBSERVATIONS.

Mr. Flores entered the CT Program on 11 December 1967, sponsored by DDP/WH Division. His work during formal training was characterized by determination, hard work, and a strong ambition to become a successful Clandestine Services operations officer. He responded well to supervision and guidance and experienced no difficulties in assimilating the principles and techniques covered by the instruction. In Operations Course Phase I, the key course for DDP case officers, he achieved an overall performance rating of HIGH PROFICIENT.

At the previous request of his Division Chief, Mr. Flores was, effective 10 October 1968, reassigned to DDP/WH Division.

27 NOV 1968  
*at*

25 November 1968

*John Gerry*  
John Gerry

SECRET

(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                    |
|---|--|--|--|------------------------|--------------------|
|   |  |  |  | 030130                 |                    |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |                    |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH   | 3. SEX                 | 4. GRADE 5. SD     |
| FLORES, Daniel  |  |  |  | M                      | GS-05 D            |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION                                     |                        |                    |
| Intel Clerk   |  |  | DDP/WH/COG WASH., D.C.   |                        |                    |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |                        |                    |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR   |  |  | <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE     |                        |                    |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input checked="" type="checkbox"/> SPECIAL (Specify) Recommendation for Promotion |                        |                    |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)   |                        |                    |
|   |  |  | 1 February 1967-15 June 1967   |                        |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                    |
| <p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                    |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |                    |
| SPECIFIC DUTY NO. 1<br>Performs intelligence operations support work in connection with Cuban CI operations in [ ] Assembles lead files, DEAF collates data on hand and additions information received in preparation for target analysis.  |  |  |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 2<br>Screens Cuban [ ] for information of value in the branch counter espionage-counter intelligence records and for operational data.  |  |  |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3<br>Conducts liaison between two contract agents and WH/COG/CICS and maintains the administrative records for these cases.   |  |  |  |                        | RATING LETTER<br>P |
| SPECIFIC DUTY NO. 4<br>Prepares translations from Spanish to English and English to Spanish of operational correspondence.  |  |  |  |                        | RATING LETTER<br>P |
| SPECIFIC DUTY NO. 5   |  |  |  |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 6   |  |  |  |                        | RATING LETTER      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |                    |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |                        | RATING LETTER<br>S |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Major performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Flores is a part-time staff employee who works a maximum of 19½ hours per week while attending university full-time. In August 1967 he will obtain his bachelor's degree in political science. He will revert to full-time employment upon finishing his university studies and will be recommended to the Office of Training for admission in the CT class beginning November 1967.

The limitations imposed by part-time employment have prevented us from assigning Mr. Flores to jobs within the branch such as the monitoring of active field cases which require close, daily attention. However, he is qualified for this type of duty. His performance in the duties described above is excellent. He accomplishes his tasks quietly and efficiently with a minimum of guidance from his supervisor. Because he is bi-lingual in Spanish and English he is of great use to the Branch in screening quickly and accurately materials which are of counter-intelligence interest.

Mr. Flores agency work background, coupled with his formal education about to be completed and his own desire to make a career in intelligence make him an extremely valuable employee, one in whom the Agency should not hesitate to invest time and money for the advancement of his career training.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

June 14, 1967

[Signature]

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

DC/WH/COG/CICS

Carl Trottin

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I would rate Mr. Flores essentially the same as Mr. Trottin. I wish to stress that, although young and inexperienced in intelligence work at the present time, the potential is certainly there. After CT training Mr. Flores should be a fine, dedicated and competent officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

DC/WH/COG/CICS

SECRET

(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER

036130

## SECTION A

# GENERAL

|   |        |         |          |   |        |                    |       |
|---|--------|---------|----------|---|--------|--------------------|-------|
| 1. NAME   | (Last) | (First) | (Middle) | 3. DATE OF BIRTH  | 2. SEX | 4. GRADE           | 5. PD |
| Flores Daniel   |        |         |          |   | M      | GS-05              | D     |
| 6. OFFICIAL POSITION TITLE  |        |         |          | 7. OFF/DIV/RR OF ASSIGNMENT   |        | 8. CURRENT STATION |       |
| Intel Clerk   |        |         |          | DDP/WH/COG  |        | WASH., D.C.        |       |
| 9. CHECK (X) TYPE OF APPOINTMENT  |        |         |          | 10. CHECK (X) TYPE OF REPORT  |        |                    |       |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify): |        |         |          | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |        |                    |       |
| 11. DATE REPORT DUE IN O.P.   |        |         |          | 12. REPORTING PERIOD (From - to)  |        |                    |       |
|   |        |         |          | 1 April 66 - 31 Jan 67  |        |                    |       |

**SECTION B**

## PERFORMANCE EVALUATION

- |                        |  |
|------------------------|--|
| W - <u>Weak</u>        | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |
| A - <u>Adequate</u>    | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |
| P - <u>Proficient</u>  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |
| S - <u>Strong</u>      | Performance is characterized by exceptional proficiency.   |
| O - <u>Outstanding</u> | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.   |

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|                     |   |                           |
|---------------------|---|---------------------------|
| SPECIFIC DUTY NO. 1 | Conducts liaison between two contract agents and WH/COG/CICS  | RATING<br>LETTER<br><br>P |
| SPECIFIC DUTY NO. 2 | Maintains files and handles administrative matters for these same two contract agents, including travel, housing, payments, etc.                                      | RATING<br>LETTER<br><br>P |
| SPECIFIC DUTY NO. 3 | Prepares translations from Spanish to English and from English to Spanish   | RATING<br>LETTER<br><br>S |
| SPECIFIC DUTY NO. 4 | Prepares material for input for the <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> Program | RATING<br>LETTER<br><br>P |
| SPECIFIC DUTY NO. 5 |   | RATING<br>LETTER          |
| SPECIFIC DUTY NO. 6 |   | RATING<br>LETTER          |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the latter in the rating box corresponding to the statement which most accurately reflects his level of performance.

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**SECRET**

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS.**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Apply all findings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JAN 30 10 48 AM '67

Mr. Flores has continued to perform at the same proficient level cited in his previous fitness report. The ratings and remarks appended to this report, accordingly, still remain applicable.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |   |
|---|---|
| 1. BY EMPLOYEE  |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |
| DATE  | SIGNATURE OF EMPLOYEE   |
|   | <i>[Signature]</i>  |
| 2. BY SUPERVISOR  |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
| 5 months  |   |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    |
| 26 January 67   | Chief, WH/COG/CICS  |
| 3. BY REVIEWING OFFICIAL  |   |
| COMMENTS OF REVIEWING OFFICIAL  |   |
| Mr. Flores turns in a good piece of finished work and has demonstrated increasing ability as a Case Officer. As soon as he graduates I plan to recommend him for CT training. I have discussed the matter with him and he plans to make a career with the Agency which will be mutually advantageous to him and the Agency. |   |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |
| 30 Jan 67   | Deputy Chief, WH/COG  |

**SECRET**

**SECRET**

(When Filled In)

| FITNESS REPORT   |  |  |        | EMPLOYEE SERIAL NUMBER |               |
|--|--|--|--------|------------------------|---------------|
|  |  |  |        | 036130 /               |               |
| <b>SECTION A</b>   |  | <b>GENERAL</b>   |        |                        |               |
| 1. NAME (Last) (First) (Middle)  |  | 2. DATE OF BIRTH   | 3. SEX | 4. GRADE               | 5. SO         |
| FLORES, Daniel   |  |  | M      | GS-05                  | D             |
| 6. OFFICIAL POSITION TITLE   |  | 7. OFF/DIV/BN OF ASSIGNMENT  |        | 8. CURRENT STATION     |               |
| Intelligence Asst.   |  | DDP/WH/C   |        | Washington D.C.        |               |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  | 10. CHECK (X) TYPE OF REPORT   |        |                        |               |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify):   |        |                        |               |
| 11. DATE REPORT DUE IN O.P.  |  | 12. REPORTING PERIOD (From - to)   |        |                        |               |
| 30 April 1966  |  | 1 April 65 - 31 March 66   |        |                        |               |
| <b>SECTION B</b>   |  | <b>PERFORMANCE EVALUATION</b>  |        |                        |               |
| W - <u>Weak</u>  |  | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |        |                        |               |
| A - <u>Adequate</u>  |  | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |        |                        |               |
| P - <u>Proficient</u>  |  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |        |                        |               |
| S - <u>Strong</u>  |  | Performance is characterized by exceptional proficiency.   |        |                        |               |
| O - <u>Outstanding</u>   |  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.   |        |                        |               |
| <b>SPECIFIC DUTIES</b>   |  |  |        |                        |               |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |        |                        |               |
| SPECIFIC DUTY NO. 1  |  |  |        |                        | RATING LETTER |
| Conducts liaison between two contract agents and WH/COG/CICS   |  |  |        |                        | P             |
| SPECIFIC DUTY NO. 2  |  |  |        |                        | RATING LETTER |
| Maintains files and handles administrative matters for these same two contract agents, including travel, housing, payments, etc.   |  |  |        |                        | P             |
| SPECIFIC DUTY NO. 3  |  |  |        |                        | RATING LETTER |
| Prepares translations from Spanish to English and from English to Spanish  |  |  |        |                        | S             |
| SPECIFIC DUTY NO. 4  |  |  |        |                        | RATING LETTER |
| Prepares material for input for the [ ] Program  |  |  |        |                        | P             |
| SPECIFIC DUTY NO. 5  |  |  |        |                        | RATING LETTER |
|  |  |  |        |                        |               |
| SPECIFIC DUTY NO. 6  |  |  |        |                        | RATING LETTER |
|  |  |  |        |                        |               |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |        |                        |               |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |  |        |                        | RATING LETTER |
|  |  |  |        |                        | P             |

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties; and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If space needed to complete Section C, attach a separate sheet of paper.

Mr. Flores is a part-time staff employee who works a minimum of nineteen hours per week; he is also a full time college student in his senior year, majoring in political science and specializing in Latin American studies. Subsequent comments should be prefaced by the statement that Mr. Flores' overall performance of his assigned duties would be considerably more efficient if he were able to devote full time to his assignment. On the other hand, Mr. Flores is preparing himself academically for a useful career with the Agency and in the rater's opinion shows promise of becoming a very capable and competent officer.

Mr. Flores is bilingual and has served very efficiently as a translator for the Branch. He has gained very valuable experience as a case officer in the handling of two contract agents of WH/COG/CICS and in doing so has demonstrated tact, sound judgment and a fine ability to handle people. Mr. Flores is very personable, intelligent and makes an excellent appearance. With the completion of his studies he should be able to make the transition from Intelligence Assistant to Junior Case Officer, which the rater heartily recommends.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |   |                                       |
|---|---|---------------------------------------|
| 1. BY EMPLOYEE  |   |                                       |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                       |
| DATE  | SIGNATURE OF EMPLOYEE   |                                       |
| 30 November 1966  | <i>[Signature]</i>  |                                       |
| 2. BY SUPERVISOR  |   |                                       |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                       |
| 11 months   |   |                                       |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPE OR PRINTED NAME AND SIGNATURE    |
| 30 November 66  | DC/WH/COG/CICS  | <i>[Signature]</i><br>John A. Castoro |
| 3. BY REVIEWING OFFICIAL  |   |                                       |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                       |
| Mr. Flores has worked closely under my direct supervision in the handling of the two contract employees listed under Specific Duty No. 1 and 2. I concur with the rating of Mr. Castoro and can only emphasize that I believe Mr. Flores will make a good Case Officer and I plan to recommend him for CT status as soon as he is able to be with us full time. |   |                                       |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |                                       |
| 30 Nov 1966   | Chief, WH/COG/CICS  |                                       |

**SECRET**



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |                    | EMPLOYEE SERIAL NUMBER                   |                           |
|---|--|--|--------------------|--|---------------------------|
| <b>SECTION A GENERAL</b>  |  |  |                    |  |                           |
| 1. NAME<br>(Last) <b>FLORES,</b> (First) <b>Daniel</b> (Middle)   |  | 2. DATE OF BIRTH   | 3. SEX<br><b>M</b> | 4. GRADE<br><b>GS-05</b>                 | 5. SD<br><b>D</b>         |
| 6. OFFICIAL POSITION TITLE<br><b>Intel Clerk</b>  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/WH/COG</b>   |                    | 8. CURRENT STATION<br><b>WASH., D.C.</b> |                           |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  | 10. CHECK (X) TYPE OF REPORT   |                    |  |                           |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify)   |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input checked="" type="checkbox"/> SPECIAL (Specify) <b>Recommendation for Promotion</b> |                    |  |                           |
| 11. DATE REPORT DUE IN O.P.   |  | 12. REPORTING PERIOD (From - to)<br><b>1 February 1967-15 June 1967</b>  |                    |  |                           |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |                    |  |                           |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |                    |  |                           |
| <b>SPECIFIC DUTIES</b>  |  |  |                    |  |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |                    |  |                           |
| SPECIFIC DUTY NO. 1<br><b>Performs intelligence operations support work in connection with Cuban CI operations in [redacted] Assembles lead files, collates data on hand and additions information received in preparation for target analysis.</b>   |  |  |                    |  | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 2<br><b>Screens [redacted] for information of value in the branch counter-espionage-counter intelligence records and for operational data.</b>  |  |  |                    |  | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 3<br><b>Conducts liaison between two contract agents and WH/COG/CICS and maintains the administrative records for these cases.</b>  |  |  |                    |  | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 4<br><b>Prepares translations from Spanish to English and English to Spanish of operational correspondence.</b>   |  |  |                    |  | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 5   |  |  |                    |  | RATING LETTER             |
| SPECIFIC DUTY NO. 6   |  |  |                    |  | RATING LETTER             |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |                    |  |                           |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |                    |  | RATING LETTER<br><b>S</b> |

**SECRET**

(When Filled In)

|   |  |   |                                   |                                     |  |
|---|--|---|-----------------------------------|-------------------------------------|--|
| <b>SECTION C</b>  |  |   | <b>NARRATIVE COMMENTS</b>         |                                     |  |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manager of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>  |  |   |                                   |                                     |  |
| <p>Mr. Flores is a part-time staff employee who works a maximum of 19½ hours per week while attending university full-time. In August 1967 he will obtain his bachelor's degree in political science. He will revert to full-time employment upon finishing his university studies and will be recommended to the Office of Training for admission in the CT class beginning November 1967.</p> <p>The limitations imposed by part-time employment have prevented us from assigning Mr. Flores to jobs within the branch such as the monitoring of active field cases which require close, daily attention. However, he is qualified for this type of duty. His performance in the duties described above is excellent. He accomplishes his tasks quietly and efficiently with a minimum of guidance from his supervisor. Because he is bi-lingual in Spanish and English he is of great use to the Branch in screening quickly and accurately materials which are of counter-intelligence interest.</p> <p>Mr. Flores agency work background, coupled with his formal education about to be completed and his own desire to make a career in intelligence make him an extremely valuable employee, one in whom the Agency should not hesitate to invest time and money for the advancement of his career training.</p> |  |   |                                   |                                     |  |
| <b>SECTION D</b>  |  |   | <b>CERTIFICATION AND COMMENTS</b> |                                     |  |
| 1. BY EMPLOYEE  |  |   |                                   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |  |   |                                   |                                     |  |
| DATE<br><i>June 14, 1967</i>  |  | SIGNATURE OF EMPLOYEE<br><i>[Signature]</i>                     |                                   |                                     |  |
| 2. BY SUPERVISOR  |  |   |                                   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   |  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                   |                                     |  |
| DATE  |  | OFFICIAL TITLE OF SUPERVISOR                                    |                                   | TYPED OR PRINTED NAME AND SIGNATURE |  |
|   |  | DC/WH/COG/CICS  |                                   | <i>[Signature]</i><br>Carl Trettin  |  |
| 3. BY REVIEWING OFFICIAL  |  |   |                                   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |  |   |                                   |                                     |  |
| <p>I would rate Mr. Flores essentially the same as Mr. Trettin. I wish to stress that, although young and inexperienced in intelligence work at the present time, the potential is certainly there. After CT training Mr. Flores should be a fine, dedicated and competent officer.</p>   |  |   |                                   |                                     |  |
| DATE  |  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |                                   | TV                                  |  |
|   |  | C/WH/COG/CICS   |                                   |                                     |  |

**SECRET**

**SECRET**  
(When Filled In)

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>FITNESS REPORT</b>   |  |  |  | EMPLOYEE SERIAL NUMBER<br><b>036130</b> |  |
| <b>SECTION A GENERAL</b>  |  |  |  |   |  |
| 1. NAME (Last) (First) (Middle)<br><b>FLORES, Daniel</b>  |  |  | 2. DATE OF BIRTH   | 3. SEX<br><b>M</b>                      | 4. GRADE<br><b>GS-05</b>                     |
|   |  |  |  |   | 5. SD<br><b>D</b>                            |
| 6. OFFICIAL POSITION TITLE<br><b>Intelligence Asst.</b>   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/SAS</b>  |   | 8. CURRENT STATION<br><b>Washington D.C.</b> |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |   |  |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |   |  |
| 11. DATE REPORT DUE IN O.P.<br><b>30 April 1965</b>   |  |  | 12. REPORTING PERIOD (From- to-)<br><b>1 January 1964 - 31 March 1965</b>  |   |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |   |  |
| <b>W - <u>Weak</u></b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.<br><b>A - <u>Adequate</u></b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.<br><b>P - <u>Proficient</u></b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.<br><b>S - <u>Strong</u></b> Performance is characterized by exceptional proficiency.<br><b>O - <u>Outstanding</u></b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |  |  |  |   |  |
| <b>SPECIFIC DUTIES</b>  |  |  |  |   |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |   |  |
| SPECIFIC DUTY NO. 1 <b>Served as interpreter for WH/SA counterintelligence operations officers and Office of Communications officers in training and briefing agents</b>  |  |  |  |   | RATING LETTER<br><b>S</b>                    |
| SPECIFIC DUTY NO. 2 <b>Assisted in the debriefing of a Cuban intelligence service defector.</b>   |  |  |  |   | RATING LETTER<br><b>P</b>                    |
| SPECIFIC DUTY NO. 3 <b>Translated and participated in the preparation of agent</b> <b>DE62</b>  |  |  |  |   | RATING LETTER<br><b>P</b>                    |
| SPECIFIC DUTY NO. 4 <b>Performed traces and research relating to counterintelligence operations and activities.</b>   |  |  |  |   | RATING LETTER<br><b>S</b>                    |
| SPECIFIC DUTY NO. 5   |  |  |  |   | RATING LETTER                                |
| SPECIFIC DUTY NO. 6   |  |  |  |   | RATING LETTER                                |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |   |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |   | RATING LETTER<br><b>S</b>                    |

**SECRET**

(When Filled In)

|  |   |    |
|--|---|----|
| <b>SECTION C</b>   | <b>NARRATIVE COMMENTS</b>                                       |    |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or expand ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p>   |   |    |
| <p>Mr. Flores was a particularly useful and versatile employee in the WH/SA counterintelligence operations unit. Although he had no operational training or previous operational experience, he learned rapidly and performed well the operational support type duties assigned to him. His fluent knowledge of the Spanish language, his willingness to learn and perform tedious tasks, and his conscientious approach to his work were important factors in his performance. His previous assignments in the RI Division and in WH/SA as a translator and in conducting name traces gave him a good background.</p> |   |    |
| <p>With respect to specific duty #3, on two separate operations in [redacted] Mr. Flores participated in the training and preparation of agents for [redacted]. In the first operation he interpreted for training in [redacted] and related subjects. The second operation involved [redacted] only. This experience enable Mr. Flores to perform duties (specific duty #3.) relating to communications with agents [redacted].</p>   |   |    |
| <p>Mr. Flores plans to continue his university education and attain a degree. Arrangements have been completed so that he may work in the Agency on a part time basis beginning in January 1965. He will attend classes at a local university as a full time student.</p>  |   |    |
| <p>Mr. Flores was promoted from GS-04 to GS-05 on 16 March 1964. He has been performing duties at the GS-06 level, and he should be promoted.<br/>(see page two)</p>   |   |    |
| <b>SECTION D</b>   | <b>CERTIFICATION AND COMMENTS</b>                               |    |
| <b>1. BY EMPLOYEE</b>  |   |    |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |    |
| DATE<br>6 April 1965   | SIGNATURE OF EMPLOYEE<br><i>[Signature]</i>                     |    |
| <b>2. BY SUPERVISOR</b>  |   |    |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br><br>15 months   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |    |
| DATE<br>6 April 1965   | OFFICIAL TITLE OF SUPERVISOR<br>C/WH/SA/CI Ops (WH/C/RR/OS)     | TY |
| <b>3. BY REVIEWING OFFICIAL</b>  |   |    |
| COMMENTS OF REVIEWING OFFICIAL<br><br>Concur.  |   |    |
| DATE<br>4.4.65   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>C. WH SA CI (WH C SP)   |    |

**SECRET**

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- 2 -

Mr. Flores is cost conscious and effective in the use of space, equipment and funds.

Mr. Flores does not hold a supervisory position.

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                |
|---|--|--|--|------------------------|----------------|
|   |  |  |  | 036130                 |                |
| <b>SECTION A</b>  |  |  |  | <b>GENERAL</b>         |                |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH   | 3. SEX                 | 4. GRADE 5. SO |
| FLORES Daniel   |  |  |  | Male                   | GS-4 D         |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF. DIV./RR OF ASSIGNMENT  |                        |                |
| Translator  |  |  | DDP/S.A.S.   |                        |                |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 8. CURRENT STATION   |                        |                |
| Washington, D.C.  |  |  |  |                        |                |
| 10. CHECK (X) TYPE OF REPORT  |  |  |  |                        |                |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input checked="" type="checkbox"/> SPECIAL (Specify): Promotion Recommendation |                        |                |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)   |                        |                |
|   |  |  | 10 June 1963 to 6 December 1963  |                        |                |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |                |
| SPECIFIC DUTY NO. 1   |  |  |  |                        | RATING LETTER  |
| Translates material from Spanish to English and vice-versa. Translates agent messages.  |  |  |  |                        | S              |
| SPECIFIC DUTY NO. 2   |  |  |  |                        | RATING LETTER  |
| Performs name traces, analyses, extracts and summarizes obtained information.   |  |  |  |                        | P              |
| SPECIFIC DUTY NO. 3   |  |  |  |                        | RATING LETTER  |
| Prepares and initiates requests for operational clearances.   |  |  |  |                        | P              |
| SPECIFIC DUTY NO. 4   |  |  |  |                        | RATING LETTER  |
| Writes and prepares dispatches, cables and memoranda.   |  |  |  |                        | A              |
| SPECIFIC DUTY NO. 5   |  |  |  |                        | RATING LETTER  |
|   |  |  |  |                        |                |
| SPECIFIC DUTY NO. 6   |  |  |  |                        | RATING LETTER  |
|   |  |  |  |                        |                |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |                |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and pertinent limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |  |                        | RATING LETTER  |
|   |  |  |  |                        | P              |

30 DEC 1963

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Flores entered on duty with Special Affairs Staff in June 1963. Due to his proficiency in Spanish he was assigned to translating duties and immediately proved to be an invaluable asset to this office as well as to the Staff as a whole. He worked many late hours and weekends helping to facilitate the flow of translations from this office to the different components within SAS. His performance of these duties can best be characterized as "exceptional" in all degrees.

Mr. Flores expressed a desire to move into a position of greater responsibility and this request was readily granted approximately one month ago. He is currently being trained as an intelligence assistant in Ops Support functions and his performance to date has been excellent. In his new duties Mr. Flores requires very little supervision. This can be attributed in part to his degree of intelligence as well as the background he obtained for his present duties while assigned to his previous job in RID/INDEX. Mr. Flores spent approximately one year in his former job and the knowledge he brought with him resulting to name tracing procedures has enabled him to grasp the duties of his new position quite rapidly.

As a means of furthering his education Mr. Flores is attending American University at night. He has expressed a desire to obtain some agency training and would like very much to be enrolled in the Intelligence Orientation Course as soon as possible.

Mr. Flores entered the agency as a GS-4 in March 1962. It is strongly recommended that he be promoted at the earliest possible date to a GS-5.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |   |   |
|---|---|---|
| 1. BY EMPLOYEE  |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT  |   |   |
| DATE<br>17 Dec 1963   | SIGNATURE OF EMPLOYEE<br>Daniel Flores <i>Daniel Flores</i>     |   |
| 2. BY SUPERVISOR  |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>5 Months   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>17 Dec 1963   | OFFICIAL TITLE OF SUPERVISOR<br>CHIEF, SAS/ICS                  | TYPE OR PRINTED NAME AND SIGNATURE<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| 3. BY REVIEWING OFFICIAL  |   |   |
| COMMENTS OF REVIEWING OFFICIAL  |   |   |
| <p>I agree with the announcement of the supervisor, concur in his decision to move Mr. Flores into a position of greater responsibility, and I support the recommendation that Mr. Flores be promoted.</p> <p align="center">Attached is a formal recommendation.</p> |   |   |
| DATE<br>17 Dec 63   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>CHIEF, SAS/INTL         | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>                                       |

**SECRET**

When Filled In

## EMPLOYEE SERIAL NUMBER

036130

## GENERAL

|   |  |  |  |  |        |  |                    |  |       |  |
|---|--|--|--|--|--------|--|--------------------|--|-------|--|
| 1. NAME (Last) (First) (Middle)   |  |  | 6. DATE OF BIRTH   |  | 7. SEA |  | 8. GRADE           |  | 9. SD |  |
| FLORES Daniel   |  |  | [ ]  |  | M      |  | GS-4               |  | D     |  |
| 2. OFFICIAL POSITION TITLE  |  |  | 7. OFFICIAL OR ASSIGNMENT  |  |        |  | 8. CURRENT STATION |  |       |  |
| File Clerk  |  |  | OPER/MID/RE/IN   |  |        |  | Hdqrs.             |  |       |  |
| 3. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |  |        |  |                    |  |       |  |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY |  |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR |  |        |  |                    |  |       |  |
| <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)               |  |  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE    |  |        |  |                    |  |       |  |
| <input type="checkbox"/> SPECIAL (Specify)  |  |  | <input type="checkbox"/> SPECIAL (Specify)   |  |        |  |                    |  |       |  |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)   |  |        |  |                    |  |       |  |
| 30 April 1963   |  |  | 13 December 1962 - 31 March 1963   |  |        |  |                    |  |       |  |

## PERFORMANCE EVALUATION

- |                        |  |
|------------------------|--|
| W - <u>Weak</u>        | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |
| A - <u>Adequate</u>    | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |
| P - <u>Proficient</u>  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |
| S - <u>Strong</u>      | Performance is characterized by exceptional proficiency.   |
| O - <u>Outstanding</u> | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.   |

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|                     |  |                           |
|---------------------|--|---------------------------|
| SPECIFIC DUTY NO. 1 | Conducts name traces in the Main Index of the Records Integration Division.                                      | RATING<br>LETTER<br><br>S |
| SPECIFIC DUTY NO. 2 | Fulfills daily and weekly maintenance duties required of all name checkers; e.g., filing, auditing and refiling. | RATING<br>LETTER<br><br>P |
| SPECIFIC DUTY NO. 3 |  | RATING<br>LETTER          |
| SPECIFIC DUTY NO. 4 |  | RATING<br>LETTER          |
| SPECIFIC DUTY NO. 5 |  | RATING<br>LETTER          |
| SPECIFIC DUTY NO. 6 |  | RATING<br>LETTER          |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

3

**SECRET**



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

APR 23 4 13 PM '63

During this reporting period, Mr. Flores continued to conduct himself in the exceptionally proficient manner which was noted in his previous Fitness Report. He is one of ☐ name tracers who specialize in a particular area, a fact which tends to increase the difficulty as well as the responsibility of name tracing. In spite of this burden, Mr. Flores has consistently maintained an above average level of production and an exceptionally high quality in his finished products.

Mr. Flores is a conscientious and highly motivated employee who evidences a sound sense of responsibility. He has frequently voiced a desire to take advantage of any career opportunities the Agency may offer to him. He is currently enrolled as a full-time student at the American University.

SECTION D

CERTIFICATION AND COMMENTS

|  |   |                                    |  |
|--|---|------------------------------------|--|
| 1. BY EMPLOYEE   |   |                                    |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT |   |                                    |  |
| DATE<br>10 April 1963  | SIGNATURE OF EMPLOYEE<br><i>[Signature]</i>                     |                                    |  |
| 2. BY SUPERVISOR   |   |                                    |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>10 months     | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                    |  |
| DATE<br>10 April 1963  | OFFICIAL TITLE OF SUPERVISOR<br>Deputy Chief, RID/EL (U/S)      | TY                                 |  |
| 3. BY REVIEWING OFFICIAL                                       |   |                                    |  |
| COMMENTS OF REVIEWING OFFICIAL                                 |   |                                    |  |
| DATE<br>14 May 1963  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief, RID/EL           | TYPE OR PRINTED NAME AND SIGNATURE |  |

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**SECRET**  
(When Filled In)

|   |  |  |   |   |                         |
|---|--|--|---|---|-------------------------|
| <b>FITNESS REPORT</b>   |  |  |   | EMPLOYEE SERIAL NUMBER<br><b>036130</b> |                         |
| <b>SECTION A GENERAL</b>  |  |  |   |   |                         |
| 1. NAME (Last) (First) (Middle)<br><b>FLORES, Daniel</b>  |  |  | 2. DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>  | 3. SEX<br><b>M</b>                      | 4. GRADE<br><b>GS-4</b> |
| 5. OFFICIAL POSITION TITLE<br><b>File Clerk</b>   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>OPSER/RIID/RB</b>   | 8. CURRENT STATION<br><b>Idara.</b>     |                         |
| 9. CHECK (X) TYPE OF APPOINTMENT<br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> CAREER</div><div><input type="checkbox"/> RESERVE</div><div><input type="checkbox"/> TEMPORARY</div></div>  |  |  | 10. CHECK (X) TYPE OF REPORT<br><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> INITIAL</div><div><input type="checkbox"/> ANNUAL</div><div><input type="checkbox"/> REASSIGNMENT SUPERVISOR</div></div> |   |                         |
| <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |  | <input type="checkbox"/> REASSIGNMENT EMPLOYEE  |   |                         |
| SPECIAL (Specify):  |  |  | SPECIAL (Specify):  |   |                         |
| 11. DATE REPORT DUE IN O.P.<br><b>12 January 1963</b>   |  |  | 12. REPORTING PERIOD (From - to)<br><b>12 March 1962 - 12 December 1962</b>   |   |                         |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |   |                         |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |   |                         |
| <b>SPECIFIC DUTIES</b>  |  |  |   |   |                         |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).  |  |  |   |   | RATING<br>LETTER        |
| SPECIFIC DUTY NO. 1<br><br><b>Performs name traces of personal and impersonal subjects in the RI/Index.</b>   |  |  |   |   | <b>S</b>                |
| SPECIFIC DUTY NO. 2<br><br><b>Fulfills daily and weekly requirements of maintenance duties; e.g., filing, purging, auditing, and screening of index cards.</b>  |  |  |   |   | <b>P</b>                |
| SPECIFIC DUTY NO. 3   |  |  |   |   | RATING<br>LETTER        |
| SPECIFIC DUTY NO. 4   |  |  |   |   | RATING<br>LETTER        |
| SPECIFIC DUTY NO. 5   |  |  |   |   | RATING<br>LETTER        |
| SPECIFIC DUTY NO. 6   |  |  |   |   | RATING<br>LETTER        |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |   |   |                         |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |   | <b>P</b>                |

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

From the outset Mr. Flores has shown many characteristics of an above-average employee. His initial training in the intricacies of his duty assignment was marked by a high degree of application, interest, and achievement. Since that time Mr. Flores has proven himself a conscientious and responsible employee, one whose work record is distinguished by a high calibre of quality and quantity.

Because of his fine record, Mr. Flores was chosen one of the three area specialists for this section. He specializes in the   area and his work is characterized by exceptional proficiency.

At present Mr. Flores is registered at American University as a sophomore. Inasmuch as he has exhibited both potentiality and strong working habits, I recommend that Mr. Flores be given the Professional Battery Test at the earliest opportunity.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

3 January 1963

SIGNATURE OF EMPLOYEE

*Samuel Flores*

2.

**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

7 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

3 January 1963

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief, RID/IN (N/S)

TYP

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I fully concur in the above evaluation.

DATE

3 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, RID/Index

TYPED

**SECRET**

**SECRET**  
(When Filled In)

| TRAINING EVALUATION--CLERICAL INDUCTION   |                  |  |  |   |          |           |  |               |           |        |
|---|------------------|--|--|---|----------|-----------|--|---------------|-----------|--------|
| <b>SECTION I IDENTIFYING INFORMATION</b>  |                  |  |  |   |          |           |  |               |           |        |
| NAME OF STUDENT<br><b>FLORES, Daniel</b>  |                  |  | SEX<br><b>M</b>  | DATES OF ATTENDANCE <b>12-23 March 1962</b>   |          |           |  |               |           |        |
| DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div>   |                  | FOB DATE<br><b>12 March 1962</b>           |  | TITLE AND GRADE<br><b>File Clerk GS-4</b>   |          |           |  |               |           |        |
| <b>SECTION II CHARACTERISTICS OF THE COURSE</b>   |                  |  |  |   |          |           |  |               |           |        |
| Each course subject is taught daily for a 5-day period. Students who do not meet Agency standards in shorthand and/or typewriting within this 5-day period receive further instruction in an attempt to meet the established qualifications. The second week of geography instruction is given to students who have not been assigned to their positions. It is possible that not all students will be assigned to every course subject.  |                  |  |  |   |          |           |  |               |           |        |
| <b>SECTION III OBJECTIVES</b>   |                  |  |  |   |          |           |  |               |           |        |
| To meet the typewriting criterion based on the scale on the reverse of this page. (For qualification, students must meet this requirement once.)<br>To take dictation at 80 words a minute for 3 minutes and to transcribe with 5 or fewer errors in not more than 20 minutes. (For qualification, students must meet this requirement once.)<br>To recognize errors in grammar and in punctuation and capitalization.<br>To study the politics and the geography of countries of Europe and Asia. (These continents are covered in alternate weeks.)<br>To receive instruction in typing of reproduction masters, making erasures, caring for the typewriter, and utilizing typing shortcuts.<br>To become familiar with the system of filing as outlined in the Agency's "Handbook for Subject Filing." |                  |  |  |   |          |           |  |               |           |        |
| <b>SECTION IV QUALIFICATION IN SKILLS</b>   |                  |  |  |   |          |           |  |               |           |        |
| COURSE PERFORMANCE  |                  |  |  | QUALIFICATION   |          |           |  |               |           |        |
|   |                  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 2px;">QUALIFIED</th> <th rowspan="2" style="padding: 2px;">NOT QUALIFIED</th> </tr> <tr> <th style="padding: 2px;">IN COURSE</th> <th style="padding: 2px;">AT 100</th> </tr> </table> |          | QUALIFIED |  | NOT QUALIFIED | IN COURSE | AT 100 |
| QUALIFIED   |                  | NOT QUALIFIED                              |  |   |          |           |  |               |           |        |
| IN COURSE   | AT 100           |  |  |   |          |           |  |               |           |        |
| TYPEWRITING   | WPM<br><b>44</b> | ERRORS<br><b>15</b>                        | RET<br><b>29</b>   |   | <b>X</b> |           |  |               |           |        |
| SHORTHAND   |                  |  | <div style="border: 1px solid black; width: 100px; height: 40px; transform: rotate(45deg);"></div> |   |          |           |  |               |           |        |
| <b>SECTION V RATINGS</b>  |                  |  |  |   |          |           |  |               |           |        |
| Agency samplings of students' ratings indicate the percentage distribution as noted below. This trainee's rating is marked by the asterisk.   |                  |  |  |   |          |           |  |               |           |        |
| SUBJECT   | POOR             | FAIR                                       | SATISFACTORY   | EXCELLENT   |          |           |  |               |           |        |
| GRAMMAR   | 4%               | 16% *                                      | 51%  | 27%   |          |           |  |               |           |        |
| PUNCTUATION AND CAPITALIZATION  | 20% *            | 27%  | 41%  | 12%   |          |           |  |               |           |        |
| EXCELLENT - - - thorough knowledge of material presented and above-average performance in meeting course goals.<br>SATISFACTORY - - - average knowledge of material presented and adequate performance in meeting course goals.<br>FAIR - - - - - borderline knowledge of material presented and limited performance in meeting course goals.<br>POOR - - - - - inadequate knowledge of material presented and unsatisfactory performance in meeting course goals.  |                  |  |  |   |          |           |  |               |           |        |
| <b>SECTION VI FAMILIARIZATION LECTURES</b>  |                  |  |  |   |          |           |  |               |           |        |
| <input checked="" type="checkbox"/> GEOGRAPHY OF EUROPE   |                  | <input type="checkbox"/> GEOGRAPHY OF ASIA |  | <input checked="" type="checkbox"/> AGENCY FILING SYSTEM  |          |           |  |               |           |        |
| <input checked="" type="checkbox"/> OFFICE PRACTICE   |                  |  |  |   |          |           |  |               |           |        |
| <b>SECTION VII COMMENTS</b>   |                  |  |  |   |          |           |  |               |           |        |
| <p>This student was assigned to the class in typewriting at his own request. Because it is not necessary for an individual whose job title is File Clerk to meet Agency standards in typewriting, he was released from training when his final processing was completed.</p>  |                  |  |  |   |          |           |  |               |           |        |
| CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER   |                  |  |  |   |          |           |  |               |           |        |
| FOR THE DIRECTOR OF TRAINING:   |                  |  | SIGNATURE OF CHIEF, CLERICAL INDUCTION TRAINING  |   |          |           |  |               |           |        |

**SECRET**

*(When Filled In)*

| <u>GROSS WORDS</u> | <u>ERRORS</u> | <u>NET WORDS</u> | <u>GROSS WORDS</u> | <u>ERRORS</u> | <u>NET WORDS</u> |
|--------------------|---------------|------------------|--------------------|---------------|------------------|
| 45                 | 5             | 40               | 63                 | 14            | 49               |
| 46                 | 6             | 40               | 64                 | 14            | 50               |
| 47                 | 6             | 41               | 65                 | 15            | 50               |
| 48                 | 7             | 41               | 66                 | 15            | 51               |
| 49                 | 7             | 42               | 67                 | 16            | 51               |
| 50                 | 7             | 43               | 68                 | 16            | 52               |
| 51                 | 8             | 43               | 69                 | 16            | 53               |
| 52                 | 9             | 43               | 70                 | 16            | 54               |
| 53                 | 9             | 44               | 71                 | 17            | 54               |
| 54                 | 9             | 45               | 72                 | 18            | 54               |
| 55                 | 10            | 45               | 73                 | 18            | 55               |
| 56                 | 10            | 46               | 74                 | 19            | 55               |
| 57                 | 10            | 47               | 75                 | 19            | 56               |
| 58                 | 10            | 48               | 76                 | 20            | 56               |
| 59                 | 11            | 48               | 77                 | 20            | 57               |
| 60                 | 12            | 48               | 78                 | 20            | 58               |
| 61                 | 12            | 49               | 79                 | 21            | 58               |
| 62                 | 13            | 49               | 80                 | 21            | 59               |

This scale conforms to that used by the Civil Service Commission. The number of errors indicated after the gross is the maximum permissible for that specific number of gross words typed; i.e., an individual who types 60 words per minute would be allowed no more than 12 errors in a 10-minute typewriting test.

**SECRET**

SECRET  
(When Filled In)

REPORT OF TEST RESULTS (CLERICAL SKILLS)

|                              |                                    |                              |
|------------------------------|------------------------------------|------------------------------|
| NAME<br>FLORES, Daniel (NMI) | TITLE AND GRADE<br>File Clerk GS-4 | DATE OF BIRTH<br><div></div> |
| DATE<br>14 March 1962        |                                    | PERSONNEL OFFICER - IAS      |

AGENCY STANDARDS

**TYPEWRITING** The typewriting criterion is based on the scale on the reverse of this page.

**SHORTHAND** Dictation at 80 words a minute for three minutes and the transcription of the dictated material with five or fewer errors in not more than twenty minutes.

EXAMINEE'S RATINGS

TYPEWRITING: WAM 43 Errors 14 Net 27 Qualified: Yes        No X

SHORTHAND: WAM        Errors        Qualified: Yes        No       

REMARKS: Training in typewriting recommended if he so desires. It is not necessary for his job title.

CHIEF, CLERICAL INDUCTION TRAINING

SECRET

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(When Filled In)

THIS INFORMATION IS FOR AUTHORIZED PERSONS ONLY TEST SCORES ARE NOT TO BE REVEALED TO EXAMINEE

|   |          |    |   |     |         |                                 |      |     |           |     |
|---|----------|----|---|-----|---------|---------------------------------|------|-----|-----------|-----|
| <b>OFFICE OF TRAINING, ASSESSMENT AND EVALUATION STAFF</b><br><b>EVALUATION OF TEST RESULTS (CLERICAL)</b>  |          |    |   |     |         | DATE<br><br>15 March 1962       |      |     |           |     |
| NAME<br><b>FIORIS, Daniel (JMC)</b>   |          |    | GRADE AND POSITION<br><b>GS-11 File Clerk</b> |     |         | PERSONNEL OFFICER<br><b>TAG</b> |      |     |           |     |
| <p>TEST RESULTS ARE AN INTEGRAL PART OF THE FACT FINDING PHASE OF MOST PERSONNEL OPERATIONS. EVALUATION OF THESE MEASUREMENTS IN RELATION TO OTHER FACTUAL MATERIAL IN THE PERSONNEL RECORD PROVIDES ONE OF THE BASIS FOR THE SELECTION AND PLACEMENT OF APPLICANTS AND FOR COUNSELING WITH NEW EMPLOYEES. HOWEVER, THE DECISION AS TO WHETHER AN INDIVIDUAL CAN AND WILL PERFORM THE DUTIES OF A SPECIFIC JOB MUST REST ON THE JUDGMENT OF THE RECRUITER OR PLACEMENT OFFICER, WHO CONSIDERS ALL ASPECTS OF THE INDIVIDUAL'S ABILITY, BACKGROUND, AND PERSONALITY IN RELATION TO THE REQUIREMENTS OF THE AGENCY.</p> <p>THIS REPORT EVALUATES THE SUBJECT'S PERFORMANCE BY COMPARING HIS SCORES WITH THOSE OF A NATIONWIDE GROUP OF TWELFTH GRADE STUDENTS OF THE SAME SEX. SPECIFIC ABILITIES ARE IDENTIFIED BY USING A VARIETY OF TESTS RANGING FROM WORK SAMPLES OF FILING AND CHECKING TO MEASURES OF REASONING ABILITY. IN EVALUATING THESE TEST SCORES FOUR GENERAL CONCEPTS SHOULD BE KEPT IN MIND: (1) TESTS ARE MORE EFFECTIVE IN SCREENING OUT POTENTIAL FAILURES THAN IN IDENTIFYING THOSE WHO WILL PERFORM SUCCESSFULLY. (2) PERSONS WHOSE SCORES ARE PREDOMINANTLY IN THE LOWEST 15% ORDINARILY ARE NOT SUITED FOR OFFICE WORK. (3) MOST JOBS DO NOT REQUIRE HIGH SCORES ON ALL TESTS, BUT HAVE A RANGE WITHIN WHICH PEOPLE CAN DO THE WORK EFFECTIVELY AND TEND TO REMAIN ON THE JOB. (4) EFFICIENCY IN PLACEMENT NECESSITATES MATCHING THE JOB AND THE INDIVIDUAL; BOTH THOSE WHO ARE OVERQUALIFIED AND THOSE WHO ARE UNDERQUALIFIED ARE LIKELY TO QUIT.</p> <p>A DESCRIPTION OF THE SIX TESTS IN THE BATTERY IS GIVEN ON THE BACK OF THIS FORM. IN CASES WHERE THE PATTERN OF THE TEST SCORES APPEARS TO INDICATE APTITUDE IN PARTICULAR AREAS THIS WILL BE NOTED IN THE REMARKS SECTION. WHERE RESEARCH STUDIES HAVE BEEN CONDUCTED ON THE RELATIONSHIP OF THE TESTS TO JOB PERFORMANCE THESE COMMENTS WILL RELATE TO SPECIFIC JOBS. THIS SECTION MAY ALSO INCLUDE A BRIEF ANALYSIS OF THE INDIVIDUAL'S POTENTIAL IN RELATION TO HIS INTERESTS AND BACKGROUND.</p> <p>CONSULTATION OR FURTHER INFORMATION REGARDING INTERPRETATION OF TEST SCORES IS AVAILABLE BY CALLING EXTENSION 8017.</p> |          |    |   |     |         |                                 |      |     |           |     |
| NAME OF TEST  | VERY LOW |    | LOW   |     | AVERAGE |                                 | HIGH |     | VERY HIGH |     |
|   | 25       | 50 | 75  | 100 | 125     | 150                             | 175  | 200 | 225       | 250 |
| CLERICAL SPEED AND ACCURACY   |          |    |   |     |         |                                 | ✓    |     |           |     |
| SPELLING  |          |    |   |     |         |                                 | ✓    |     |           |     |
| SENTENCES   |          |    |   |     | ✓       |                                 |      |     |           |     |
| NUMERICAL ABILITY   |          |    |   |     |         | ✓                               |      |     |           |     |
| ABSTRACT REASONING  |          |    |   |     |         | ✓                               |      |     |           |     |
| VERBAL REASONING  |          |    |   |     | ✓       |                                 |      |     |           |     |
| <p>REMARKS:</p> <p align="center">Mr. Fioris should be referred for P&amp;TH, preferably while he is still in the IAS.</p>  |          |    |   |     |         |                                 |      |     |           |     |

REMARKS SHOULD BE WRITTEN ON OTHER SIDE OF THIS SHEET

CONFIDENTIAL (When Filled In)

A-11A

|  |  |                          |           |   |                |                              |           |
|--|--|--------------------------|-----------|---|----------------|------------------------------|-----------|
| CERTIFICATION OF LANGUAGE PROFICIENCY IN <u>Spanish A</u>  |  |                          |           |   |                | DATE PREPARED: <u>4-1-80</u> |           |
| SSN  |  | NAME (Last-First-Middle) |           |   | DATE OF BIRTH  |                              | DIVISION  |
| 41610 4126121310   |  | Flores, Daniel           |           |   | YEAR MONTH DAY |                              | LA        |
| TYPE CHANGE  |  | READING*                 | SPEAKING* | UNDERSTANDING*  | DATE TESTED    |                              | TYPE TEST |
| C R1.18  |  | +                        | 5         | 5   | 80 2 20        |                              | N         |
| *SEE BACK FOR PROFICIENCY LEVEL DEFINITIONS  |  |                          |           |   |                |                              |           |
| REMARKS<br><u>Outside Test.</u>  |  |                          |           |   |                |                              |           |
| <div data-bbox="584 893 909 1149" data-label="Text"> <p>CERJUAL SYSTEM<br/>Updated<br/>APR 4 1980<br/>By.....</p> </div> |  |                          |           | <div data-bbox="974 1010 1323 1106" data-label="Text"> <p>[Redacted]</p> </div>                   |                |                              |           |
|  |  |                          |           | <div data-bbox="974 1085 1323 1191" data-label="Text"> <p>TEST NUMBER<br/><u>42001</u></p> </div> |                |                              |           |

FORM 1273 OBSOLETE PREVIOUS EDITIONS 10-79

CONFIDENTIAL

REV 40 YRS PR DATE PREPARED  
JAN 4 1980 BY 611056

PART 1 - INFO SYS. BR.



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

|  |                       |  |  |   |  |  |  |
|--|-----------------------|--|--|---|--|--|--|
| NAME OF EMPLOYEE<br>Daniel Flores            |                       | DATE RECEIVED AT HEADQUARTERS<br>22 May 79       |  | NAME OF EMPLOYEE<br>Lawrence Sternfield |  | DATE RECEIVED AT HEADQUARTERS<br>22 May 79 |  |
| DATE RECEIVED AT HEADQUARTERS<br>5 June 1979 |                       | SPATIAL NUMBER<br>JMMT-14447                     |  | DATE RECEIVED BY EMPLOYER<br>[ ]        |  | HOME BASE COMPONENT<br>LA                  |  |
| DATE OF BIRTH<br>[ ]                         | SERVICE DESIGN<br>DQG | CURRENT POSITION AND GRADE<br>Ops Officer, GS-13 |  | STATION OR DUTY<br>[ ]                  |  | CURRENT COVER<br>[ ]                       |  |

TO BE COMPLETED BY EMPLOYEE

|   |   |  |  |
|---|---|--|--|
| 1. DATE OF PCS ARRIVAL<br>IN FIELD<br>February 1978 | 2. DESIRED DATE OF DEPARTURE<br>Operations<br>Officer GS-13 | 3. DESIRED DATE OF FIRST<br>CHECK-IN AT HQ<br>SEE 6A | 4. DESIRED DATE TO REPORT TO DUTY<br>AFTER STAFF<br>SEE 6A |
|---|---|--|--|

5. NUMBER AND AGE OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Spouse - 43  
Daughter - 5

6. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Child's schooling

7. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).

Liaison Officer in charge of an [ ] man unit.

8. TRAINING DESIRED  
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Training in a third language.  
Additional management training offered either by the Agency or by a private institution. Consideration for an appointment to a War College.

SECRET

As noted in 1B below, my first choice for my next assignment is that of Chief of Base in [redacted] or Chief of Base in Latin America. I have served three tour overseas and a four-year tour at Headquarters in Cuban Operations. In the past ten years I have gained experience in technical operation, operations related to the priority and hard targets and, prior to my assignment to [redacted] as supervisor of one of the [redacted] branches in Cuban Operations. In [redacted] my responsibilities consist of the supervision and administration of an [redacted] man unit composed of [redacted] nationals which I manage and direct operationally in coordination with the Government of [redacted] I have been in [redacted] fifteen months.

Should the Chief of Base position in [redacted] become available in the summer of 1980 or 1981 and this job is offered to me, I would be

40. INDICATE IF YOU SET OR TO EXCEED YOUR CURRENT TOUR OF DUTY. IF APPROPRIATE, INDICATE YOUR CHOICE OF NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. PLEASE SEE 6A.

- ☐ EXTEND TOUR 4-16 MONTHS AT CURRENT STATION TO depending on next assignment (DATE)
- ☐ BE ASSIGNED TO POST FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE War College 2ND CHOICE Management 3RD CHOICE Headquarters Tour
- ☐ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE PROGRAM, COUNTRY OR AREA OF SPECIALIZATION.  
1ST CHOICE [redacted] 2ND CHOICE COB Latin Am 3RD CHOICE Washington, D.C.
- ☐ RETURN TO MY CURRENT STATION.

PREPARE UPDATING OF PERSONAL SECURITY INFORMATION IN ACCORDANCE WITH DDI-F 240-8 AND FORWARD UNDER SEPARATE COVER. INDICATE DATE FORWARDED OR TO BE FORWARDED.

TO BE COMPLETED BY FIELD STATION

7. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Based upon Subject's experience both prior to and during his current tour, his requests for assignment as stated by him are very reasonable. I fully endorse his requests.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

8. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FOR USE BY CAPSED SERVICE

9. APPROVED ASSIGNMENT

10. EMPLOYEE NOTIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_  
CABLE NO. \_\_\_\_\_ DATE \_\_\_\_\_

CAPSED SERVICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

SECRET

SECRET

CA Continued. . .

amenable to an extension in [ ] for a period of 12 to 16 months depending on the timing of the assignment. If I were to be assigned to a country where an additional language is needed, time for language training should be taken into consideration.

In the event that a position as Chief of Base does not become available within the next year or two, my second choice is to be considered for a War College either for calendar year 1980 or 1981. This would enable me to more fully participate in the Agency's rotational program and would provide me with a higher level of training needed for career mobility in the Agency.

My third choice is to be considered as a candidate for the agency's management program at one of the participating Universities in the United States with the intention of accepting a field assignment immediately after the termination of this training. I am prepared to make all the necessary arrangements toward this end (i.e., applying for admission, etc.) provided a list of Universities is furnished to me.

As noted above, I am willing to remain in [ ] through the summer of 1981 if my first choice is approved. In the event that my first choice cannot be granted I would be available to return to the United States in the summer of 1980 to prepare for my second or third choice. Should my second or third choice not be granted, I would prefer to return to the United States for an assignment in Washington.

SECRET

**ADMINISTRATIVE**  
Internal Use Only

C 10

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.<br>1-6 | NAME            |               |        |
|-------------------|-----------------|---------------|--------|
|                   | LAST<br>(Print) | FIRST<br>7-24 | MIDDLE |
| 036130            | Flores          | Daniel        |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S    |              |               | DEPARTURE O/S  |              |               | TYPE OF DATA<br>1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | O/P<br>USE ONLY |               | COUNTRY | CODE<br>40-42 |
|----------------|--------------|---------------|----------------|--------------|---------------|---|-----------------|---------------|---------|---------------|
| MONTH<br>25-26 | DAY<br>27-28 | YEAR<br>29-30 | MONTH<br>31-32 | DAY<br>33-34 | YEAR<br>35-36 |   | CODE<br>37      | ONLY<br>38-39 |         |               |
| 0              | 2            | 1             | 5              | 7            | 8             |   | 1               |               |         | 4 5 0         |

**TDY DATES OF SERVICE**

| ARRIVAL O/S    |              |               | DEPARTURE O/S  |              |               | TYPE OF DATA<br>2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | O/P<br>USE ONLY |               | AREA(S) | CODE<br>40-42 |
|----------------|--------------|---------------|----------------|--------------|---------------|---|-----------------|---------------|---------|---------------|
| MONTH<br>25-26 | DAY<br>27-28 | YEAR<br>29-30 | MONTH<br>31-32 | DAY<br>33-34 | YEAR<br>35-36 |   | CODE<br>37      | ONLY<br>38-39 |         |               |
|                |              |               |                |              |               |   |                 |               |         |               |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|   |  |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER   | <input type="checkbox"/> DISPATCH                                  |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)  |  |

|   |                                 |
|---|---------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>IN 0326885 | DOCUMENT DATE PERIOD<br>2/15/78 |
|---|---------------------------------|

REMARKS

|                    |   |   |
|--------------------|---|---|
| PREPARED BY<br>DCS | REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| DATE<br>2/23/78    | SIGNATURE                               |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

Return to [unclear]  
by 16 Jan

CONFIDENTIAL  
(When Filled In)

NOTE TO OUTGOING PCS TRAVELERS

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 9 July 1970.

DANIEL FLORES

NAME  
(Please Print)

[Signature]

SIGNATURE

Jan 30, 1978

DATE

FORM 3661  
5-74

CONFIDENTIAL

E2, IMPDET CL. BY: 007622 (4)

CONFIDENTIAL  
(When Filled In)

NOTE TO OUTGOING PCS TRAVELERS

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MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 9 July 1970.

Daniel Flores

NAME  
(Please Print)

[Signature]

SIGNATURE

14 Nov. 1977

DATE

FORM 3661  
5-74

CONFIDENTIAL

E2, IMPDET CL. BY: 007622 (4)

SECRET  
(When Filled In)

## SERVICE ABROAD AGREEMENT

### I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

Daniel Flores

SO

D

### II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

XX

C. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)

REQUESTED (None attached)

OPERATING OFFICIAL

B. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS PREVIOUSLY APPROVED PER HR 20-18.

OPERATING OFFICIAL

J. H. H. P. H. CJA/PERS

CONCUR

CAREER SERVICE

REPORTS DIRECTING

APPROVED

DIRECTOR OF PERSONNEL

### III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALL ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DETERMINATION WILL BE LEFT TO YOUR AGENCY PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE SERVICE AGREEMENT, YOU WILL BE PROMPTED BY HR 22 (3) NORMALLY INDICATE THE PLACE WHERE YOU PERMANENTLY DESIRE TO RESIDE IN THE UNITED STATES. THE DETERMINATION OF THE COMMUNALITY OF PLACES AND OF THE TIME OF YOUR RESIDENCE IN A PLACE ABROAD WILL BE LEFT TO YOUR AGENCY PERSONNEL FOLDER. IF YOU DESIRE TO REQUEST A PLACE OF RESIDENCE OUTSIDE THE UNITED STATES, YOU WILL BE PROMPTED BY HR 22 (3) TO INDICATE THE PLACE OF RESIDENCE YOU DESIRE TO REQUEST. IF YOU DESIRE TO REQUEST A PLACE OF RESIDENCE OUTSIDE THE UNITED STATES, YOU WILL BE PROMPTED BY HR 22 (3) TO INDICATE THE PLACE OF RESIDENCE YOU DESIRE TO REQUEST. IF YOU DESIRE TO REQUEST A PLACE OF RESIDENCE OUTSIDE THE UNITED STATES, YOU WILL BE PROMPTED BY HR 22 (3) TO INDICATE THE PLACE OF RESIDENCE YOU DESIRE TO REQUEST.

FORM 3154

SECRET

82 (REPLACES 82-1040-10)

1-107-0000-00-000-0000

**SECRET**  
(when filled in)

|  |  |   |  |
|--|--|---|--|
| <b>5. PHYSICAL DWELLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof)</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div> <p style="font-size: 1.2em; margin-top: 5px;"><i>VIENNA, VIRGINIA 22140</i></p>   |  | <b>6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5)</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>   |  |
| <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>APPROVED</b></span> <span><b>DATE</b><br/><i>11/9/78</i></span> </div>  |  | <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px; text-align: center;"><b>CONCUR</b></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>DEPUTY DIRECTOR</b></span> <span><b>DATE</b></span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>APPROVED</b></span> <span><b>DATE</b></span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>DIRECTOR OF PERSONNEL</b></span> <span><b>DATE</b></span> </div> |  |
| <b>IV. HOME LEAVE POINT</b>  |  |   |  |
| <b>7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.</b><br><br><b>8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.</b> |  |   |  |
| <b>9. DESIGNATION PER ITEM 7 ABOVE</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <p style="font-size: 1.2em; margin-top: 5px;"><i>PORTLAND, OREGON</i></p>   |  | <b>10. DESIGNATION PER ITEM 8 ABOVE</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>   |  |
| RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT<br><p style="font-size: 1.2em; margin-top: 5px;"><i>IN-LAWS</i></p>   |  | <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px; text-align: center;"><b>CONCUR</b></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>DEPUTY DIRECTOR</b></span> <span><b>DATE</b></span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>APPROVED</b></span> <span><b>DATE</b></span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>DIRECTOR OF PERSONNEL</b></span> <span><b>DATE</b></span> </div> |  |
| <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>APPROVED</b></span> <span><b>DATE</b><br/><i>11/9/78</i></span> </div>  |  | <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>APPROVED</b></span> <span><b>DATE</b></span> </div>  |  |
| <b>EMPLOYEE CERTIFICATION</b>  |  |   |  |
| <p>I have read and understand my service obligations and travel entitlements as specified in this agreement.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> </div> <div style="width: 40%; text-align: right;"> <p><i>11/9/78</i></p> </div> </div>  |  |   |  |

**SECRET**

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.    | NAME              |                |        |
|---------------|-------------------|----------------|--------|
|               | LAST              | FIRST          | MIDDLE |
| 1-8<br>036130 | (Print)<br>FLORES | 7-24<br>DANIEL |        |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. '88. REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 28-28       | 27-28 | 29-30 | 31-31         | 32-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 27   | 38 39        |         | 40-42 |
|             |       |       |               |       |       |   |      |              |         |       |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | AREAS | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|-------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |       |       |
| 28-28       | 27-28 | 29-30 | 31-31         | 32-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 27   | 38 39        |       | 40-42 |
| 03          | 08    | 77    | 03            | 11    | 77    |   | 2    |              |       | 120   |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

|  |                                     |
|--|-------------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>6A10-22 | DOCUMENT DATE/PERIOD<br>3/8-3/11/77 |
| REMARKS                                |                                     |

|   |                                |   |
|---|--------------------------------|---|
| PREPARED BY<br>DATE<br>3/11/77  | REPORT SUBMITTED ON<br>3/11/77 | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED<br>SIGNATURE |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL<br>IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER |                                |   |

FORM 1061a

**SECRET**

10-101



**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.<br><small>1-6</small> | NAME                           |                              |        |
|----------------------------------|--------------------------------|------------------------------|--------|
|                                  | LAST<br><small>(Print)</small> | FIRST<br><small>1-26</small> | MIDDLE |
| 036130                           | FLORES                         | DANIEL                       |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 86, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 26-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37 38 39           |         | 40-42 |
|             |       |       |               |       |       |   |                    |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S)               | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|-----------------------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |                       |       |
| 26-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37 38 39           |                       | 40-42 |
| 02          | 04    | 77    | 02            | 06    | 77    | 2   |                    | WESTERN<br>HEMISPHERE | 811   |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

DOCUMENT IDENTIFICATION NO. LA 10-77 DOCUMENT DATE/PERIOD 2/3-2/6/77

REMARKS

|  |  |   |
|--|--|---|
| PREPARED BY<br><input checked="" type="checkbox"/> D-1<br><input type="checkbox"/> D-2<br><input type="checkbox"/> D-3 | REPORT APPROVED BY<br>CONTROL DIVISION<br>DATE <u>4/1/77</u> | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED<br>SIGNATURE |
|--|--|---|

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

10514

ADMINISTRATIVE-Internal Use Only

16-101

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

|                   |                 |               |        |
|-------------------|-----------------|---------------|--------|
| SERIAL NO.<br>1-8 | NAME            |               |        |
|                   | LAST<br>(Prime) | FIRST<br>7-14 | MIDDLE |
| 036130            | FLORES          | DANIEL        |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39              |         | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39              |         | 40-42 |
| 04          | 12    | 77    | 04            | 15    | 77    |   | 2    |                    |         | 120   |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                   |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS, OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |   |

|   |  |
|---|--|
| DOCUMENT IDENTIFICATION NO.<br>LA 10-77 | DOCUMENT DATE/PERIOD<br>4/12 - 4/15/77 |
|---|--|

REMARKS

|                            |  |  |
|----------------------------|--|--|
| PREPARED BY<br>[Signature] | REPORT SUBMITTED ON<br>CONTROL DOCUMENT<br>DATE<br>7/14/77 | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED<br>SIGN<br>[Signature] |
|----------------------------|--|--|

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14514

**ADMINISTRATIVE-Internal Use Only**

(2-10)

**CONFIDENTIAL**

(When Filled In)

**RESIDENCE AND DEPENDENCY REPORT**

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION GIVEN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRP 20-7 PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

**GENERAL**

NAME OF EMPLOYEE (Last) (First) (Middle)  
**Flores Daniel**

**1. MARITAL STATUS (Check one)**

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED  
 IF MARRIED, PLACE OF MARRIAGE **Lima, Peru** DATE OF MARRIAGE **18 Nov 1960**  
 IF DIVORCED, PLACE OF DIVORCE DECREE **N/A** DATE OF DECREE

**2. MEMBERS OF FAMILY**

NAME OF SPOUSE (Last-First-Middle) ADDRESS (No., Street, City, State, Zip Code) TELEPHONE NO.  
 [Redacted] **Vienna, Va. 22180** **573-0797**  
 NAME OF CHILDREN (Last-First-Middle) ADDRESS (No., Street, City, State, Zip Code) SEX DATE OF BIRTH  
 [Redacted] **Vienna, Va. 22180** **F** [Redacted]

NAME OF FATHER (or male guardian) ADDRESS TELEPHONE NO.  
 [Redacted] **Gonzales, Texas 78629** **512-672-6061**

NAME OF MOTHER, INCLUDING MARIEN NAME (if female guardian) ADDRESS TELEPHONE NO.  
**N/A**

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED TO AN EMERGENCY.

**None**

**3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-15). SPECIFY NAMES AND RELATIONSHIPS.**

NAME (Last-First-Middle) DATE OF BIRTH RELATIONSHIP  
**N/A**

**4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME (Last-First-Middle) (Last-First-Middle) RELATIONSHIP  
**Mr. [Redacted] Brother-in-law**  
 HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE HOME TELEPHONE NUMBER  
**[Redacted] Seguin, Texas 78155 512-379-1087**  
 BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION  
**Seguin School District**

IS THE INDIVIDUAL NAMED ABOVE SITTING OR YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

**[Redacted]** YES ☐ NO ☒ **X**

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

**[Redacted] - [Redacted] Vienna, Va. 22180** YES ☐ NO ☒ **X**

Does this individual know that he has been designated as your emergency addressee? (If answer is "No" explain and see item 6.)

**[Redacted]** YES ☐ NO ☒ **X**

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

**CONFIDENTIAL**

(When filled in)

5.

**VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

**Riggs National Bank Joint account: Daniel and/or  
Flores**

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☒ YES ☐ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

**At home. New is being prepared.**

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

☒ YES ☐ NO. (If "Yes" give name(s) and address) **Mr. and Mrs.**

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

6.

**ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**

7.

**RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY**

(No Approval Required)

RESIDENCE WHEN EMPLOYED (Full Address)

PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3  
(Full Address)

8.

**CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)**

(To Be Completed by Employee Excessing Such Change While Assigned to Headquarters)

FULL ADDRESS

DEPUTY DIRECTOR OR DESIGNATE

DATE

DIRECTOR OF PERSONNEL (when applicable per HR 22-3)

DATE

SIGNED AT

DATE

SIGNATURE

*Daniel Flores* *Dec 30 1977*

**CONFIDENTIAL**



**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO. | NAME   |        |        |
|------------|--------|--------|--------|
|            | LAST   | FIRST  | MIDDLE |
| 026130     | FLORIS | DANIEL |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 99, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY       |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |               |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37 38 39           | CODE<br>40-42 |
|             |       |       |               |       |       |   |                    |               |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S)        |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|----------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |                |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37 38 39           | CODE<br>40-42  |
| 01          | 16    | 78    | 01            | 19    | 78    |   | 2                  | WESTERN H. 811 |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER ( <i>Specify</i> )  |  |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
|-----------------------------|----------------------|

|         |
|---------|
| REMARKS |
|---------|

|                       |   |   |
|-----------------------|---|---|
| PREPARED BY           | REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| DCO                   | DATE                                    | SIGNATURE   |
| C & L DIVISION, CYRO. | 2/6/78                                  |   |
| C & T DIVISION        |   |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ASSOAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO. | NAME |       |        |
|------------|------|-------|--------|
|            | LAST | FIRST | MIDDLE |

|                      |                          |                       |
|----------------------|--------------------------|-----------------------|
| 1-6<br><b>026130</b> | (PRINT)<br><b>FLORES</b> | 7-24<br><b>DANIEL</b> |
|----------------------|--------------------------|-----------------------|

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY       |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |               |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37 38 39           | CODE<br>40-42 |
|             |       |       |               |       |       |   |                    |               |

**TOY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREAS                     |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------------------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |                           |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TOY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37 38 39           | CODE<br>40-42             |
| 10          | 28    | 77    | 11            | 03    | 77    |   |                    | WESTERN<br>HEMISPHERE 811 |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                                    |   |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE PERIOD |
|-----------------------------|----------------------|

REMARKS

|  |                     |  |
|--|---------------------|--|
| PREPARED BY  | REPORT SUBMITTED TO | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| CCO  | CONTROL DOCUMENT    |  |
| <input checked="" type="checkbox"/> C & L DIVISION CTRD. | DATE                | SIGNATURE  |
| <input checked="" type="checkbox"/> C & T DIVISION       | 1/23/78             |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

## REPORT OF SERVICE ABROAD

SERIAL NO.

NAME \_\_\_\_\_

**LAST**

**FIRST**

## MIDDLE

1-1

(Print)

7-24

026130

*Flores*

David

### INSTRUCTIONS

### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  |      | O/P<br>USE<br>ONLY | COUNTRY |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 1 - PCS (Basic)<br>3 - CORRECTION<br>9 - CANCELLATION | CODE |                    | CODE    |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 |   | 37   | 38 39              | 40-42   |
|             |       |       |               |       |       |   |      |                    |         |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  |      | O/P USE ONLY |    | AREAS |       |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|----|-------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 1 - TDY (Basic)<br>4 - CORRECTION<br>5 - CANCELLATION | CODE |              |    |       | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 |   | 37   | 38           | 39 |       | 40-42 |
| 10          | 17    | 77    | 10            | 20    | 77    |   | 2    |              |    |       | 120   |

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

|                  |  |
|------------------|--|
| ✓ TRAVEL VOUCHER | DISPATCH                                   |
| CABLE            | DUTY STATUS OR *TIME AND ATTENDANCE REPORT |
| OTHER (Specify)  |  |

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

16 Dec 77

2124242


**PREPARED BY**

**GROUP DATA CERTIFIED CORRECT, BASED UPON SOURCE RECORDING CITED**

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



CONFIDENTIAL

|  |              |  |                                      |
|--|--------------|--|--------------------------------------|
| SE TRAINING REPORT   |              | SOVIET/EAST EUROPEAN OPERATIONS COURSE |                                      |
| STUDENT<br>Flores, Daniel  |              | YEAR OF BIRTH<br><input type="text"/>  | GRADE<br>GS-12                       |
| ECO DATE<br>March 1962   | OFFICE<br>LA | SERVICE DESIGNATION<br>D               | COURSE DATES<br>7 - 15 November 1977 |
| <p align="center"><b>COURSE OBJECTIVES</b></p> <p>To orient the student on the special nature of the Directorate of Operation's Soviet/East European target and to examine the application of clandestine methods for collecting information on assessing and preparing recruitment operations against Soviet/East European personalities.</p> |              |  |                                      |
| <p align="center"><b>ACHIEVEMENT RECORD</b></p> <p>This is a certificate of attendance. No evaluation is made of individual performance in the course.</p>   |              |  |                                      |
| <p align="right"> <br/> SE Training Officer </p>   |              |  |                                      |

FORM 3687 OBSOLETE PREVIOUS EDITIONS

CONFIDENTIAL

E-2, IMPDET CL. BY. 059524 (04-45)

CONFIDENTIAL

OFFICE OF TECHNICAL SERVICES

BEHAVIORAL ACTIVITIES BRANCH

[Redacted]

1. This certifies that Daniel Flores - LA has completed five days of training in the course, [Redacted]  
[Redacted]

2. Primary goals of the course are to familiarize Agency case officers with [Redacted]  
[Redacted]

3. This is a certificate of attendance only. Student achievement was not evaluated.

[Redacted]

OIS/Training Branch

E2 IMPDET CL BY 019432

CONFIDENTIAL

S-E-C-R-E-T

TRAINING REPORT/CERTIFICATION OF HANDGUN QUALIFICATION

TITLE: Countering Terrorist Tactics Course No. 16-77 DATES: 19-23 September 1977

STUDENT: FIADIS, Daniel OFFICE: IA SD: D

PURPOSE AND SCOPE OF COURSE:

(S) This course stressed countermeasures to thwart terrorist acts against U.S. personnel abroad.

PERFORMANCE RECORD:

(U/ALUO) This is to certify that the student has satisfactorily completed the prescribed course of instruction.

HANDGUN QUALIFICATION:

(C) Student completed 24 hours of instruction on handguns at the [ ] on 23 September 1977; subsequently fired the Handgun Qualification test achieving a score of:

Revolver (Cal. - .38) 289

Automatic (Cal. - 9mm) 255

out of a possible 300.

(U/ALUO) The student demonstrated satisfactory application of safety procedures; mechanical aptitude; marksmanship techniques; and maintenance during range firing/classroom sessions; and is qualified to use the handguns (or similar guns) listed above.

FOR THE DIRECTOR OF TRAINING:

[ ]  
Chief, Special Activities Branch/OTD

9/26/77  
Date

S-E-C-R-E-T

E2 IMPDET  
CL by 056382

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.              | NAME    |       |        |
|-------------------------|---------|-------|--------|
| 1-5                     | LAST    | FIRST | MIDDLE |
|                         | (Print) | 7-28  |        |
| 2-36-134 1-22-28 Daniel |         |       |        |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE "USE NUMBER" IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATED BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  |  | O/P USE ONLY |    | COUNTRY |       |
|-------------|-------|-------|---------------|-------|-------|---|--|--------------|----|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | CODE  |  | 37           | 38 | 39      | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION |  |              |    |         | 40-42 |
|             |       |       |               |       |       |   |  |              |    |         |       |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  |  | O/P USE ONLY |    | AREA(S) |       |
|-------------|-------|-------|---------------|-------|-------|---|--|--------------|----|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | CODE  |  | 37           | 38 | 39      | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION |  |              |    |         | 40-42 |
| 2           | 0     | 16    | 1             | 2     | 0     | 2   |  |              |    |         | 120   |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |   |

|  |  |
|--|--|
| DOCUMENT IDENTIFICATION NO.<br>BIC 64-2-77 | DOCUMENT DATE/PERIOD<br>1. 26, 26 25 30 Sept, 77 |
| REMARKS                                    |  |

|                    |  |  |
|--------------------|--|--|
| PREPARED BY<br>DPO | REPORT APPROVED BY<br>CONTROL DIVISION | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITES |
| DATE<br>1-26-77    | SIGNATURE<br><i>[Signature]</i>        |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-28

156150

Flannery

Donald

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |              |         |      |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37           | 38      | 39   |
|             |       |       |               |       |       |   |              |         |      |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY | ART(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------|--------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |              |        |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37           | 38     | 39    |
| 2           | 1     | 77    | 0             | 1     | 77    | 2   |              |        | 40-42 |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| CABLE  | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                                    |   |

DOCUMENT IDENTIFICATION NO.

41-10-77

DOCUMENT DATE/PERIOD

1 Dec 76 to 30 Sept 77

REMARKS

|                      |                                      |  |
|----------------------|--------------------------------------|--|
| PREPARED BY          | REPORT ANNOTATED ON CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| SEA                  | DATE                                 | SIGNATURE  |
| C & L DIVISION, CTBB | 21.2.77                              | [Signature]  |
| C & T DIVISION       |                                      |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.           | NAME                     |                       |        |
|----------------------|--------------------------|-----------------------|--------|
|                      | LAST                     | FIRST                 | MIDDLE |
| 1-8<br><b>036130</b> | (Print)<br><b>FLORES</b> | 7-26<br><b>DANIEL</b> |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37                 | 38      | 39    |
|             |       |       |               |       |       |   |                    |         | 40-42 |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37                 | 38      | 39    |
|             |       |       |               |       |       |   |                    |         | 40-42 |

**020977 021877**      **2**      **120**

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

*per. Jague. 5467*

**SOURCE DOCUMENT AND CERTIFICATION**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

|  |  |
|--|--|
| DOCUMENT IDENTIFICATION NO.<br><b>LA 10-77</b> | DOCUMENT DATE/PERIOD<br><b>2/9 - 2/18/77</b> |
|--|--|

REMARKS

|   |   |   |
|---|---|---|
| PREPARED BY<br>RCO<br><input checked="" type="checkbox"/> C & L DIVISION, CYDO.<br><input checked="" type="checkbox"/> C & T DIVISION | REPORT ANNOTATED ON<br>CONTROL DOCUMENT<br>DATE<br><b>3/25/77</b> | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED<br>SIGN<br><b>[Signature]</b> |
|---|---|---|

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
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**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

|  |                                      |                                    |        |
|--|--------------------------------------|------------------------------------|--------|
| SERIAL NO.<br><br>1-6<br><b>036130</b> | NAME                                 |                                    |        |
|  | LAST<br><br>(Print)<br><b>FLORES</b> | FIRST<br><br>7-28<br><b>DANIEL</b> | MIDDLE |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38 39              |         | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |           |           | DEPARTURE O/S |           |           | TYPE OF DATA  | CODE     | O/P<br>USE<br>ONLY | AREA(S) | CODE       |
|-------------|-----------|-----------|---------------|-----------|-----------|---|----------|--------------------|---------|------------|
| MONTH       | DAY       | YEAR      | MONTH         | DAY       | YEAR      |   |          |                    |         |            |
| 25-26       | 27-28     | 29-30     | 31-32         | 33-34     | 35-36     | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37       | 38 39              |         | 40-42      |
| <b>02</b>   | <b>22</b> | <b>77</b> | <b>02</b>     | <b>25</b> | <b>77</b> |   | <b>2</b> |                    |         | <b>120</b> |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| CABLE  | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                                    |   |

|  |   |
|--|---|
| DOCUMENT IDENTIFICATION NO.<br><b>LA 10-77</b> | DOCUMENT DATE/PERIOD<br><b>2/22-2/25/77</b> |
|--|---|

REMARKS

|  |  |  |
|--|--|--|
| PREPARED BY<br><input checked="" type="checkbox"/> DCO<br><input checked="" type="checkbox"/> C & L DIVISION, CTRD.<br><input type="checkbox"/> C & T DIVISION | REPORT SUBMITTED ON<br>CONTROL DOCUMENT<br>DATE <b>3/25/77</b> | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED<br>SIGNATURE _____ |
|--|--|--|

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO. | NAME           |        |        |
|------------|----------------|--------|--------|
|            | LAST           | FIRST  | MIDDLE |
| 036130     | (Print) FLORES | DANIEL |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 33, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38-39        |         | 40-42 |
|             |       |       |               |       |       |   |      |              |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | AREA(S)            | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|--------------------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |                    |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37   | 38-39        |                    | 40-42 |
| 03          | 03    | 77    | 03            | 05    | 77    |   | 2    |              | WESTERN HEMISPHERE | 811   |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|   |  |
|---|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER<br><br><input type="checkbox"/> CABLE<br><br>OTHER (Specify) _____ | DISPATCH<br><br>DUTY STATUS OR TIME AND ATTENDANCE REPORT<br><br>_____ |
|---|--|

|   |                                    |
|---|------------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>LA 10-77 | DOCUMENT DATE PERIOD<br>3/3-3/5/77 |
|---|------------------------------------|

REMARKS

|                            |                                   |                 |
|----------------------------|-----------------------------------|-----------------|
| PREPARED BY<br>[Signature] | REPORT ENDORSED BY<br>[Signature] | DATE<br>3/25/77 |
|----------------------------|-----------------------------------|-----------------|

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14510

ADMINISTRATIVE-Internal Use Only



CONFIDENTIAL  
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRP 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) Flores (First) Daniel (Middle)

1. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE

Lima, Peru

DATE OF MARRIAGE  
18 Nov 1960

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

2. MEMBERS OF FAMILY

NAME OF SPOUSE ADDRESS (No. Street, City, State, Zip Code) VIENNA, Va. 22180 TELEPHONE NO. 573-0797

NAMES OF CHILDREN ADDRESS (Same as above) SEX F DATE OF BIRTH

NAME OF FATHER (or male guardian) ADDRESS TELEPHONE NO.

NAME OF MOTHER, INCLUDING MACHIN NAME (or female guardian) ADDRESS TELEPHONE NO.

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

Mr. [redacted] - Brother-in-law

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HRP 22-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME DATE OF BIRTH RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (No. Street, City, State, Zip Code) (Please Print Name) Relationship Brother-in-law

Home Address (No. Street, City, State, Zip Code) and Home Telephone No. (If Applicable) Home Telephone Number 812-379-1087

Business Address (No. Street, City, State, Zip Code) and Home Telephone No. (If Applicable) Business Telephone & Extension

Seguin School District System

IF THE ABOVE LIST NAMES ANY DISTANCE TO YOUR PERSONAL RESIDENCE (If That Person Has an Address at Organization He Affiliated With Check Yes)

IF THE ABOVE LIST NAMES ANY DISTANCE TO YOUR PERSONAL RESIDENCE (If That Person Has an Address at Organization He Affiliated With Check Yes)

[redacted] - Spouse

IF THE ABOVE LIST NAMES ANY DISTANCE TO YOUR PERSONAL RESIDENCE (If That Person Has an Address at Organization He Affiliated With Check Yes)

The person named in item 4 is to be notified in case of emergency. If your notification is not required, please check box. Please print name in item 4 to the reverse side of this form.

CONFIDENTIAL

**CONFIDENTIAL**  
(When Filled In)

|  |   |                   |
|--|---|-------------------|
| <b>5. VOLUNTARY ENTRIES</b><br>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.<br>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED. |   |                   |
| ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                   |
| IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |                   |
| HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)  |   |                   |
| HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)  |   |                   |
| HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)  |   |                   |
| <b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>   |   |                   |
|  |   |                   |
| <b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b><br>(No Approval Required)  |   |                   |
| RESIDENCE WHEN EMPLOYED (Full Address)   | PERMANENT PLACE OF RESIDENCE AS DEFINED IN NR 22-2 (Full Address) |                   |
| <b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE</b> (See NR 22-2)<br>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)  |   |                   |
| FULL ADDRESS   | DEPUTY DIRECTOR OR DESIGNEE                                       | DATE              |
|  | DIRECTOR OF PERSONNEL (When Applicable)<br>(See NR 22-2)          | DATE              |
| SIGNED BY: <i>[Signature]</i>  | SIGNED: <i>[Signature]</i>  | DATE: <i>1/51</i> |

**CONFIDENTIAL**



## REPORT OF SERVICE ABROAD

FILE  
-PUNCHED  
BY

SERIAL NO

NAME \_\_\_\_\_

**LAST**

1183

**MILBET**

140

(Print)

2. 2. 2.

036130

FLORES

DAVID

### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCB OR TBY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*) REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

### PCS DATES OF SERVICE

[illegible]

## TOY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA     |      | O/P USE ONLY |       | ANALYSIS |       |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------|-------|----------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 2 - TDY (Basic)  | CODE | 27           | 30 38 |          | CODE  |
| 28-28       | 27-28 | 28-30 | 31-32         | 33-34 | 35-36 | 4 - CONNECTION   |      |              |       |          | 40-42 |
|             |       |       |               |       |       | 6 - CANCELLATION |      |              |       |          |       |
| 06          | 15    | 76    | 06            | 20    | 76    |                  |      |              |       |          |       |
|             |       |       |               |       |       |                  | 3    |              |       |          |       |

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

|                  |   |
|------------------|---|
| ✓ TRAVEL VOUCHER | DISPATCH                                  |
| CABLE            | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)  |   |

DO NOT WRITE IN THESE SPACES

LA 07-76

DOCUMENT DATE/PERIOD

6-14-26

**◆ ◆ ◆ ◆ ◆**

PAGE NO. 07

[illegible]

ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE  
DOCUMENT CITED

1

[illegible]

2010 年 10 月 10 日 星期五  
 第 10 期



9-20-76

15047481

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Instructor Training Workshop

Student: Flores, Daniel

Office: OTR

Year of Birth:

SD: D

Grade: GS-12

EOD Date: 1962

Number of Students Enrolled:

Date of Course: 7/26 - 8/8/76

COURSE OBJECTIVES--CONTENT AND METHODS

The Workshop objectives provide participants with a knowledge of the major principles, methods, and practices of effective instruction, and an opportunity to develop skills as an instructor by applying this knowledge in an instructional setting. Participants are able to analyze their audience and teaching objectives, prepare lesson plans, effectively present the material to be learned, and then evaluate the results of their training efforts.

The instruction required maximum student involvement with major emphasis on the application of instructional methods in the students presentation of units of instruction. Students were not graded during the Workshop, but they were constructively evaluated by the instructor and fellow participants both verbally and through the use of video tape.

Students were required to give a fifteen-minute lecture, a twenty-minute demonstration, and a fifty-minute lesson in his basic subject.

ACHIEVEMENT RECORD

This is a certificate of attendance only, since examinations are not used in the course.

FOR THE DIRECTOR OF TRAINING

11/10/76  
DATE

Chief Instructor

E 2 IMPDET CL BY 010628

C-O-N-F-I-D-E-N-T-I-A-L

$$\frac{0.36130}{315/4534}$$

**FILE  
PUNCHED  
BY**

Office of Personnel, Control Division, Statistical Reporting Branch

● ● ● ● ●

9.8.8

Ann. 5-2

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO INDICATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

[illegible]

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  |      | O/P<br>UST<br>ONLY | AREA(S) |            |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 2 - TOY (Basic)<br>4 - CORRECTION<br>8 - CANCELLATION | CODE | 28                 | 30      | CODE       |
| 70-70       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 |   |      |                    |         | 27         |
| 07          | 16    | 75    | 07            | 19    | 75    |   | 2    |                    |         | 62<br>8/11 |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

|                  |   |
|------------------|---|
| ✓ TRAVEL VOUCHER | DISPATCH                                  |
| CABLE            | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)  |   |

DOCUMENT DATE/PERIOD

ABOVE DATA CERTIFIED CORRECT. BASED UPON SOURCE  
DOCUMENT CITED

SIGNATURE

11/20/71

14518

ADMINISTRATIVE-Internal Use Only

( 4 - 10 )

**ADMINISTRATIVE  
Internal Use Only**

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

**FILE  
PUNCHED  
BY**

|                             |                       |                        |
|-----------------------------|-----------------------|------------------------|
| SERIAL NO.<br><b>036130</b> | NAME                  |                        |
|                             | LAST<br><b>FLORES</b> | FIRST<br><b>DANIEL</b> |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38 39              |         | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |           |           | DEPARTURE O/S |           |           | TYPE OF DATA  | CODE     | O/P<br>USE<br>ONLY | AREA(S)                  | CODE       |
|-------------|-----------|-----------|---------------|-----------|-----------|---|----------|--------------------|--------------------------|------------|
| MONTH       | DAY       | YEAR      | MONTH         | DAY       | YEAR      |   |          |                    |                          |            |
| 25-26       | 27-28     | 29-30     | 31-32         | 33-34     | 35-36     | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37       | 38 39              | <b>LATIN<br/>AMERICA</b> | 40-42      |
| <b>07</b>   | <b>25</b> | <b>75</b> | <b>07</b>     | <b>29</b> | <b>75</b> |   | <b>2</b> |                    |                          | <b>825</b> |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |  |
|--|--|
| <input type="checkbox"/> TRAVEL VOUCHER  | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE           | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify) |  |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
|-----------------------------|----------------------|

|         |
|---------|
| REMARKS |
|---------|

|  |   |   |
|--|---|---|
| PREPARED BY  | <input checked="" type="checkbox"/> REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| <input checked="" type="checkbox"/> OCO<br><input checked="" type="checkbox"/> C & L DIVISION, CTDD<br><input type="checkbox"/> C & T DIVISION | DATE<br><b>12/1/75</b>  | SIGNATURE<br><b>[Signature]</b>                                   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

| REPORT OF SERVICE ABROAD   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
|--|-------|-------|---------------|-------|---|---|--|--------------------|---------------|---|--|--------------|------|--------------------|---|--|-------|-----|------|---|-----|------|--|--|---|-------|-------|-------|-------|-------|---|----|-------|--|---------------|---|---|---|---|---|---|--|---|--|------------|-------|--|--|--|--|--|
| <div style="display: flex; justify-content: space-between;"> <div> <b>TO:</b> Office of Personnel Control<br/> <b>SERIAL NO.</b> 036130<br/> <small>1-6</small> </div> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>FILE<br/>PUNCHED<br/>BY</b><br/> <small>(Initial)</small><br/>           FLORES         </div> <div> <b>Division, Statistical Reporting Branch</b><br/> <b>NAME</b><br/> <small>LAST FIRST MIDDLE</small><br/>           FLORES DANIEL         </div> </div>  |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>INSTRUCTIONS</b><br><small>USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.</small>   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>PCS DATES OF SERVICE</b>  |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">ARRIVAL O/S</th> <th colspan="3">DEPARTURE O/S</th> <th rowspan="2">TYPE OF DATA</th> <th rowspan="2">CODE</th> <th rowspan="2">O/P<br/>USE<br/>ONLY</th> <th colspan="2">COUNTRY</th> </tr> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th></th> <th></th> </tr> <tr> <td>25-26</td> <td>27-28</td> <td>29-30</td> <td>31-32</td> <td>33-34</td> <td>35-36</td> <td>1 - PCS (Basic)<br/>2 - CORRECTION<br/>3 - CANCELLATION</td> <td>37</td> <td>38 39</td> <td></td> <td>CODE<br/>40-42</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>                         |       |       |               |       |   | ARRIVAL O/S   |  |                    | DEPARTURE O/S |   |  | TYPE OF DATA | CODE | O/P<br>USE<br>ONLY | COUNTRY   |  | MONTH | DAY | YEAR | MONTH   | DAY | YEAR |  |  | 25-26   | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37 | 38 39 |  | CODE<br>40-42 |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| ARRIVAL O/S  |       |       | DEPARTURE O/S |       |   | TYPE OF DATA  | CODE                                       | O/P<br>USE<br>ONLY | COUNTRY       |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| MONTH  | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| 25-26  | 27-28 | 29-30 | 31-32         | 33-34 | 35-36   | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39              |               | CODE<br>40-42   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
|  |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>TDY DATES OF SERVICE</b>  |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
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| ARRIVAL O/S  |       |       | DEPARTURE O/S |       |   | TYPE OF DATA  | CODE                                       | O/P<br>USE<br>ONLY | AREA(S)       |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| MONTH  | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| 25-26  | 27-28 | 29-30 | 31-32         | 33-34 | 35-36   | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39              |               | CODE<br>40-42   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| 1  | 2     | 0     | 8             | 7     | 5   |   | 2  |                    | WH<br>AREA    | 8 1 1   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>OFFICE OF PERSONNEL USE ONLY - PUNCH AREA</b>   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>SOURCE DOCUMENT AND CERTIFICATION</b>   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <input checked="" type="checkbox"/> TRAVEL VOUCHER   |       |       |               |       |   |   | DISPATCH                                   |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <input type="checkbox"/> CABLE   |       |       |               |       |   |   | DUTY STATUS OR TIME AND ATTENDANCE REPORT  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <input type="checkbox"/> OTHER (Specify)   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>DOCUMENT IDENTIFICATION NO.</b><br>2A-07-76   |       |       |               |       |   |   | <b>DOCUMENT DATE/PERIOD</b><br>DEC 3-13-75 |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>REMARKS</b><br><br>   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="5"> <b>PREPARED BY</b><br/>         DCO<br/>         B &amp; L DIVISION, CTR.       </td> <td colspan="5"> <b>REPORT ANNOTATED ON<br/>CONTROL DOCUMENT</b><br/>         DATE       </td> <td colspan="5"> <b>ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br/>DOCUMENT CITED</b><br/>         SIGNAT       </td> </tr> </table>   |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    | <b>PREPARED BY</b><br>DCO<br>B & L DIVISION, CTR. |  |       |     |      | <b>REPORT ANNOTATED ON<br/>CONTROL DOCUMENT</b><br>DATE |     |      |  |  | <b>ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br/>DOCUMENT CITED</b><br>SIGNAT |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| <b>PREPARED BY</b><br>DCO<br>B & L DIVISION, CTR.  |       |       |               |       | <b>REPORT ANNOTATED ON<br/>CONTROL DOCUMENT</b><br>DATE |   |  |                    |               | <b>ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br/>DOCUMENT CITED</b><br>SIGNAT |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL<br>IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER  |       |       |               |       |   |   |  |                    |               |   |  |              |      |                    |   |  |       |     |      |   |     |      |  |  |   |       |       |       |       |       |   |    |       |  |               |   |   |   |   |   |   |  |   |  |            |       |  |  |  |  |  |



**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

**FILE  
PUNCHED  
BY**

SERIAL NO.

NAME

036130

LAST

FIRST

FLORES

DANIEL

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38 39              |         | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY         | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|-----------------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |                 |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37   | 38 39              |                 | 40-42 |
| 10          | 15    | 75    | 10            | 22    | 75    |   | 2    |                    | WESTERN<br>HEM. | 811   |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|                  |   |
|------------------|---|
| TRAVEL VOUCHER   | DISPATCH                                  |
| CABLE            | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify): |   |

DOCUMENT IDENTIFICATION NO.

LA-145-76

DOCUMENT DATE/PERIOD

10/15-22/75

REMARKS

PREPARED BY

REPORT ENDORSED BY  
CONTROL DOCUMENT

ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE  
DOCUMENT CITED

DCO

C & L DIVISION, STOR.

C & L DIVISION

DATE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

## REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO. | NAME   |        |        |
|------------|--------|--------|--------|
|            | LAST   | FIRST  | MIDDLE |
| 036130     | FLORES | DANIEL |        |

### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37 38 39           |         | 40-42 |
|             |       |       |               |       |       |   |                    |         |       |

### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S)    | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|------------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |            |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37 38 39           |            | 40-42 |
| 10          | 30    | 75    | 11            | 04    | 75    |   | 2                  | WM<br>BRET | 811   |

### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

### SOURCE DOCUMENT AND CERTIFICATION

|                 |   |
|-----------------|---|
| TRAVEL VOUCHER  | DISPATCH                                  |
| CABLE           | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) |   |

DOCUMENT IDENTIFICATION NO.

LA 166-76

DOCUMENT DATE/PERIOD

OCT 30 - NOV 4-75

FORM 501

|             |                     |   |
|-------------|---------------------|---|
| PREPARED BY | REPORT SUBMITTED BY | ADDITIONAL DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT FILED |
|             |                     |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE  
Internal Use Only

S/E

| REPORT OF SERVICE ABROAD  |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
|---|-------|---------|---------------|-------|---|---|--|------|--------------|---|---|-------------------|--|------|-------|
| TO: Office of Personnel, Control Division, Statistical Report   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| SERIAL NO.  |       | LAST    |               |       | FIRST   |   |  | NAME |              |   | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>FILE<br/>PUNCHED<br/>BY</b> </div> |                   |  |      |       |
| 1-6   |       | (PRINT) |               |       | 7-24  |   |  |      |              |   |   |                   |  |      |       |
| 036130  |       | ELKINS  |               |       | JAMES L   |   |  |      |              |   |   |                   |  |      |       |
| INSTRUCTIONS  |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| <small>USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.</small> |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| PCS DATES OF SERVICE  |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| ARRIVAL O/S   |       |         | DEPARTURE O/S |       |   | TYPE OF DATA  |  |      | O/P USE ONLY |   | COUNTRY   |                   |  | CODE |       |
| MONTH   | DAY   | YEAR    | MONTH         | DAY   | YEAR  |   |  |      | CODE         |   |   |                   |  |      | CODE  |
| 25-26   | 27-28 | 29-30   | 31-32         | 33-34 | 35-36   | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION |  |      | 37           | 38  | 39  |                   |  |      | 40-42 |
|   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| TDY DATES OF SERVICE  |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| ARRIVAL O/S   |       |         | DEPARTURE O/S |       |   | TYPE OF DATA  |  |      | O/P USE ONLY |   | AREA(S)   |                   |  | CODE |       |
| MONTH   | DAY   | YEAR    | MONTH         | DAY   | YEAR  |   |  |      | CODE         |   |   |                   |  |      | CODE  |
| 25-26   | 27-28 | 29-30   | 31-32         | 33-34 | 35-36   | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION |  |      | 37           | 38  | 39  | LATIN<br>AMERICAN |  |      | 40-42 |
| 08  | 16    | 75      | 09            | 02    | 75  |   |  |      | 2            |   |   |                   |  |      | 805   |
| OFFICE OF PERSONNEL USE ONLY - PUNCH AREA   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| SOURCE DOCUMENT AND CERTIFICATION   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| <input checked="" type="checkbox"/> TRAVEL VOUCHER<br><br><input type="checkbox"/> CABLE<br><br><input type="checkbox"/> OTHER (Specify)  |       |         |               |       | DISPATCH<br><br>DUTY STATUS OR TIME AND ATTENDANCE REPORT |   |  |      |              |   |   |                   |  |      |       |
|   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| DOCUMENT IDENTIFICATION NO.   |       |         |               |       | DOCUMENT DATE/PERIOD                                      |   |  |      |              |   |   |                   |  |      |       |
| REMARKS   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |
| PREPARED BY   |       |         |               |       | REPORT SUBMITTED TO                                       |   |  |      |              | APPROVE DATA CERTIFYING CORRECT. BASED UPON SOURCE DOCUMENT DATES |   |                   |  |      |       |
| DATE  |       |         |               |       | DATE  |   |  |      |              | SIGNATURE   |   |                   |  |      |       |
| 08/16/75  |       |         |               |       | 09/02/75  |   |  |      |              | JAMES L ELKINS  |   |                   |  |      |       |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL<br>IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER   |       |         |               |       |   |   |  |      |              |   |   |                   |  |      |       |

1451a

ADMINISTRATIVE-Internal Use Only

10-101

SECRET  
(When Filled In)

5/5

# REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

036130

LAST

(Print)

Flores

FIRST

7-24

Daniel

FILE  
PUNCHED  
BY

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

## PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY |       | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------|-------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   | CODE         | ONLY  |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37           | 38 39 |         | 40-42 |
|             |       |       |               |       |       |   |              |       |         |       |

## TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY |       | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------|-------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   | CODE         | ONLY  |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37           | 38 39 |         | 40-42 |
| 0 6 0 5 7 5 |       |       | 0 6 1 1 7 5   |       |       | 2   |              |       | Europe  | 8 0 1 |

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

|  |                     |  |
|--|---------------------|--|
| PREPARED BY  | REPORT SUBMITTED BY | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| SGO  | DATE 5/5/75         | SIGNATURE  |
| <input checked="" type="checkbox"/> C & I DIVISION, CDR. |                     |  |
| <input type="checkbox"/> C & I DIVISION                  |                     |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a PREVIOUS EDITIONS  
OBTAINABLE

SECRET

18-101

SECRET

CJF

18 NOV 1975

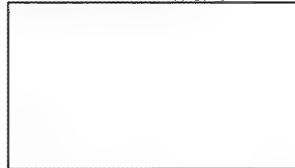
MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation -- Cuban Operations Group,  
Latin America Division

On 13 November 1975 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the Cuban Operations Group in recognition of the outstanding performance of the following employees from 1 October 1974 to 30 September 1975:



Daniel Flores



R. L. Austin, Jr.  
Recorder

Honor and Merit Awards Board

Distribution:

- 1 - Each OPE
- 1 - C/LA
- 1 - Recorder/HMAB
- 1 - Exec Sec/HMAB

SECRET

E2 Impdet C1 By 014029

ADMINISTRATIVE  
Internal Use Only

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY/G

TO: Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.   | NAME  |
|--------------|---|
| 1-8<br>36130 | LAST<br>FIRST<br>(Print)<br>1-24<br>FLORES DANIEL |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39              |         | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39              |         | 40-42 |
| 07          | 04    | 75    | 07            | 14    | 75    |   | 2    |                    | WH      | 811   |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| CABLE  | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                                    |   |

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

|                        |   |  |
|------------------------|---|--|
| PREPARED BY            | REPORT SUBMITTED TO<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE<br>DOCUMENT CITES |
| 1 - B & DIVISION 1-000 | DATE 7/15/75                            | SIGNATURE  |
| 1 - B & DIVISION       |   |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

FILE  
PUBLISHED  
BY/4

# REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO. - | NAME   |        |        |
|--------------|--------|--------|--------|
|              | LAST   | FIRST  | MIDDLE |
| 036130       | Flares | Daniel |        |

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

## PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |      |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37                 | 38      | 39   |
|             |       |       | 03            | 05    | 74    |   | 1                  |         |      |
|             |       |       |               |       |       |   |                    |         | 5720 |

## TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S) | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |      |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37                 | 38      | 39   |
|             |       |       |               |       |       |   |                    |         |      |
|             |       |       |               |       |       |   |                    |         |      |

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

|   |  |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER   | <input type="checkbox"/> DISPATCH                                  |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)  |  |

|                                    |                      |
|------------------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. 185131 | DOCUMENT DATE/PERIOD |
|------------------------------------|----------------------|

|         |
|---------|
| REMARKS |
|---------|

|                       |  |   |
|-----------------------|--|---|
| PREPARED BY           | REPORT APPROVED OR<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| DCO                   | DATE 3/28/74                           | SIGNATURE   |
| C & L DIVISION, CTDB. |  |   |
| C & L DIVISION        |  |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE  
Internal Use Only

S/E

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY: [initials]

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.

NAME

LAST

FIRST

036130

FLORES

DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only) REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY |  | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|--|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |  |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38-39              |         |  | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |  |       |

TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S) |  | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|--|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |  |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37   | 38-39              |         |  | 40-42 |
| 10          | 05    | 74    | 10            | 07    | 74    |   | 2    |                    | Europe  |  | 801   |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

DOCUMENT IDENTIFICATION NO.

WHT 119-75

DOCUMENT DATE/PERIOD

10/4 - 10/2/74

REMARKS

|             |   |   |
|-------------|---|---|
| PREPARED BY | <input checked="" type="checkbox"/> REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE |
| DATE        | 12/23/74  | SIGNATURE                                       |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a

ADMINISTRATIVE-Internal Use Only

14-101



**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**FILE  
CANCELED  
BY 12**

TO: Office of Personnel, Transactions and Records Branch, State

| SERIAL NO.<br>1-6 | NAME            |               |
|-------------------|-----------------|---------------|
|                   | LAST<br>(Print) | FIRST<br>7-26 |
| 025 2             | FLORES          | 12-14 166     |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 39, REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38 39              |         | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37   | 38 39              |         | 40-42 |
| 07          | 07    | 74    | 07            | 11    | 74    |   | 2    |                    | USFI    | 811   |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
|-----------------------------|----------------------|

|         |
|---------|
| REMARKS |
|---------|

|                       |   |   |
|-----------------------|---|---|
| PREPARED BY           | REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| SEC                   | DATE 6/20/74                            | SIGNATURE [Signature]   |
| C & A DIVISION, CTRD. |   |   |
| C & T DIVISION        |   |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY**

**TO:** Office of Personnel, Control Division, Statistical Reporting

| SERIAL NO.    | NAME              |                |        |
|---------------|-------------------|----------------|--------|
|               | LAST              | FIRST          | MIDDLE |
| 1-6<br>036130 | (Print)<br>FLORES | 1-24<br>DANIEL |        |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA     | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------------|---------|------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |                  |      |                    |         |      |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 3 - CORRECTION   |      |                    |         |      |
|             |       |       |               |       |       | 5 - CANCELLATION |      |                    |         |      |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA     | CODE | O/P<br>USE<br>ONLY | AREA(S) | CODE   |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------------|---------|--------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |                  |      |                    |         |        |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 4 - CORRECTION   |      |                    |         |        |
| 06          | 13    | 74    | 06            | 21    | 74    | 5 - CANCELLATION | 2    |                    |         | WA P/1 |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

|  |                                      |
|--|--------------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>6A 542-74 | DOCUMENT DATE/PERIOD<br>6/13-6/14/74 |
|--|--------------------------------------|

REMARKS

|             |          |           |
|-------------|----------|-----------|
| PREPARED BY | DATE     | SIGNATURE |
|             | 9 May 74 |           |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14514

**SECRET**

ADMINISTRATIVE  
Internal Use Only

S/E

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

036130

LAST

FIRST

(Print)

FLURES

(Print)

DMIEL

INSTRUCTIONS

FILE  
PUNCHED  
BY

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFF NO. 58 REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38-39        |         | 40-42 |
|             |       |       |               |       |       |   |      |              |         |       |

TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>3 - CORRECTION<br>4 - CANCELLATION | 37   | 38-39        |         | 40-42 |
| 08          | 12    | 74    | 08            | 16    | 74    | 2   |      |              | LA Area | 811   |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER<br><input type="checkbox"/> CABLE<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> DISPATCH<br><input type="checkbox"/> Duty Status or Time and Attendance Report |
|--|---|

Document Identification No.

Document Date Period

12-17 Aug 74

Remarks

|   |                |
|---|----------------|
| PREPARED BY<br>REVIEWED BY<br>APPROVED BY | SIGNED<br>DATE |
|---|----------------|

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| FIELD REASSIGNMENT QUESTIONNAIRE   |                                 |   |  |                            |
|--|---------------------------------|---|--|----------------------------|
| DO NOT COMPLETE  |                                 | FOR HEADQUARTERS USE ONLY                 |  |                            |
| 1. NAME OF EMPLOYEE (use pseudo only if SA)  | 2. DATE (from item 5-1)         | 3. NAME OF SUPERVISOR (true)              | 4. DATE (from item 5-2)                        |                            |
| Daniel Flores  | 27 Feb 73                       | Richard Welch                             | 27 Feb 73                                      |                            |
| 5. DATE RECEIVED AT HEADQUARTERS:  |                                 | 6. DISPATCH NUMBER:                       |  |                            |
| 2 March 1973   |                                 | HPLT-6502                                 |  |                            |
| 7. TO BE COMPLETED BY EMPLOYEE   |                                 |   |  |                            |
| 1. DATE OF BIRTH   | 2. SERVICE DESIGN               | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE                             | 5. CRYPT FOR CURRENT COVER |
|  |                                 | GS-11<br>FI Case Officer                  |  | LNFALL                     |
| 6A. DATE OF PCS ARRIVAL IN FIELD   | 6B. REQUESTED DATE OF DEPARTURE | 6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE |                            |
| 24 Sept 1971   | 30 Nov 1974                     | 1 Feb 1975                                | 15 Feb 1975 (depending on training.)           |                            |
| 7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:   |                                 |   |  |                            |
| Wife: 37, daughter: 3  |                                 |   |  |                            |
| 8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:  |                                 |   |  |                            |
| None   |                                 |   |  |                            |
| 9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)  |                                 |   |  |                            |
| <p>September 1971 - July 1972 - Activities of the [ ] and [ ] Preparation of project outlines and progress reports.</p> <p>August 1972 - Present - [ ] Operations. [ ] capability. Preparation of project outlines and progress reports.</p>   |                                 |   |  |                            |
| 10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS   |                                 |   |  |                            |
| <p>In the near future I would like to take an advanced operations course. In connection with this, I would like to concentrate on the [ ] and [ ] targets in Latin America. Special courses in these two areas would be extremely helpful. Some time in the future I would like to attend the mid-career course.</p> |                                 |   |  |                            |

FORM 702

SECRET

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II. PREFERENCE FOR NEXT ASSIGNMENT

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

At this point in my career the [ ] and [ ] targets are of major interest to me. Although I would prefer to work on [ ] operations in my next assignment, as an alternative I would consider working on [ ] operations.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, OR 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 14 MONTHS AT CURRENT STATION TO 31 November 1974  
(DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE [ ] 2ND CHOICE [ ] 3RD CHOICE [ ]

☒ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE [ ] 2ND CHOICE [ ] 3RD CHOICE [ ]

☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Concur. This officer is doing a good job on his assigned targets and his overall abilities give the Station a flexibility it often needs to call on.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Subject's tour has been extended fourteen months to 31 November 1974.

DATE 4/23/73 TITLE C/MH/Pers SIGNATURE H. L. Beythold

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. HPIS-3284 DATE (typed) 23-Apr 73

CABLE NO. [ ] DATED [ ]

CAREER SERVICE REPRESENTATIVE [ ] DATE [ ]

SECRET

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.    | NAME                      |                         |        |
|---------------|---------------------------|-------------------------|--------|
| 1-8<br>036130 | LAST<br>(Print)<br>FLORES | FIRST<br>7-24<br>DANIEL | MIDDLE |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 88, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>8 - CANCELLATION | 1988<br>97 38 39   |         | 40-42 |
|             |       |       | 0 5           | 2 8   | 7 1   | 1   |                    |         | 1 9 5 |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>8 - CANCELLATION | 1988<br>97 38 39   |         | 40-42 |
|             |       |       |               |       |       |   |                    |         |       |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|   |  |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER   | <input type="checkbox"/> DISPATCH                                  |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)  |  |

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>16318 | DOCUMENT DATE/PERIOD<br>28 May 1971 |
|--------------------------------------|-------------------------------------|

REMARKS

|                           |   |   |
|---------------------------|---|---|
| PREPARED BY               | REPORT SUBMITTED ON<br>(Control Document) | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| 1 - B & C DIVISION, STAB. | DATE<br>6/9/71                            | SIGNATURE<br><i>[Signature]</i>                                   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

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(When filled in)

## SERVICE ABROAD AGREEMENT

## I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 12 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTINGENT UPON AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

Daniel Flores

SO

D

## II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

Currently

and Next Assignment:

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

X

C. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYER SIGNING THIS AGREEMENT. (See HR 20-18)

REQUESTED (None attached)

OPERATING OFFICIAL

B. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS PREVIOUSLY APPROVED PER HR 20-18.

CONCUR

CAREER SERVICE

DEPUTY DIRECTOR

OPERATING OFFICIAL

APPROVED

DIRECTOR OF PERSONNEL

## III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE, YOU WILL (AS SPECIFIED IN HR 22-3) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY ORIGINALLY IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR FIRST TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 6 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH THAT YOUR PHYSICAL ORIGINALLY PLACE IS (FOR YOUR TRANSFER) AND THAT SUCH OTHER PLACE IS YOUR DOMICILE OR WAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL ORIGINALLY. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

FORM 3154

4 TO

REPLACES FORM 3154 12 581  
OCTOBER 1958 EDITION

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CONTINUED ON THE REVERSE

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(When Filled In)

|   |  |  |      |
|---|--|--|------|
| <b>5. PHYSICAL DUTYING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof)</b><br><br>FULL ADDRESS:<br><br><p style="text-align: center;">Washington, D. C.</p>   |  | <b>6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5)</b><br><br>FULL ADDRESS:<br><br> |      |
| <b>APPROVED</b>   |  | <b>CONCUR</b>  |      |
| DEPUTY DIRECTOR<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>  | DATE<br><p style="text-align: center;">5-20-71</p> | DEPUTY DIRECTOR  | DATE |
| <b>APPROVED</b>   |  | <b>APPROVED</b>  |      |
| DEPUTY DIRECTOR<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>  | DATE<br><p style="text-align: center;">5-20-71</p> | DIRECTOR OF PERSONNEL  | DATE |
| <b>IV. HOME LEAVE POINT</b>   |  |  |      |
| <b>7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.</b> |  |  |      |
| <b>8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-30B(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.</b>   |  |  |      |
| <b>9. DESIGNATION PER ITEM 7 ABOVE</b><br><br>FULL ADDRESS:<br><br><div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">Milwaukie, Oregon</p>   |  | <b>10. DESIGNATION PER ITEM 8 ABOVE.</b><br><br>FULL ADDRESS:<br><br>  |      |
| <b>RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT</b><br><p style="text-align: center;">Parents-in-law</p>  |  | <b>CONCUR</b>  |      |
| DEPUTY DIRECTOR<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>  | DATE<br><p style="text-align: center;">5-20-71</p> | DEPUTY DIRECTOR  | DATE |
| <b>APPROVED</b>   |  | <b>APPROVED</b>  |      |
| DEPUTY DIRECTOR<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>  | DATE<br><p style="text-align: center;">5-20-71</p> | DIRECTOR OF PERSONNEL  | DATE |
| <b>EMPLOYEE CERTIFICATION</b>   |  |  |      |
| I have read and understand my service obligations and travel entitlements as described in this agreement.   |  |  |      |
| SIGNATURE OF EMPLOYEE<br><p style="text-align: center;">See Dispatch Attached</p>   |  | DATE<br><p style="text-align: center;">5/20/71</p>   |      |

**SECRET**



**CONFIDENTIAL**

(When Filled In)

**RESIDENCE AND DEPENDENCY REPORT**

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRG 20-1, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL--AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

**GENERAL**

|  |   |                                    |   |
|--|---|------------------------------------|---|
| NAME OF EMPLOYEE<br>(Last)<br><b>FLORES</b>        | (First)<br><b>Daniel</b>                    | (Middle)                           | SOCIAL SECURITY NUMBER<br>[REDACTED]        |
| 1. MARITAL STATUS (check one)                      |   |                                    |   |
| <input type="checkbox"/> SINGLE                    | <input checked="" type="checkbox"/> MARRIED | <input type="checkbox"/> SEPARATED | <input type="checkbox"/> DIVORCED           |
| <input type="checkbox"/> WIDOWED                   |   |                                    | <input type="checkbox"/> ANNULLED           |
| IF MARRIED, PLACE OF MARRIAGE<br><b>Lima, Peru</b> |   |                                    | DATE OF MARRIAGE<br><b>18 November 1960</b> |
| IF DIVORCED, PLACE OF DIVORCE DECREE<br><b>MEX</b> |   |                                    | DATE OF DECREE                              |

|  |  |  |  |
|--|--|--|--|
| 2. MEMBERS OF FAMILY   |  |  |  |
| NAME OF SPOUSE<br>[REDACTED]   |  | ADDRESS (No., Street, City, State, Zip Code)<br>[REDACTED] |  |
| TELEPHONE NO.  |  |  |  |
| NAME OF CHILDREN<br>[REDACTED]   |  | ADDRESS<br><b>(Same as above.)</b>                         |  |
| SEX<br><b>F</b>  |  | DATE OF BIRTH<br>[REDACTED]                                |  |
| NAME OF FATHER (or male guardian)<br>[REDACTED]  |  | ADDRESS<br>[REDACTED] <b>Gonzales, Texas 78629</b>         |  |
| TELEPHONE NO.<br><b>512-672-6061</b>   |  |  |  |
| NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)<br>[REDACTED] <b>(Deceased)</b> |  | ADDRESS<br>[REDACTED]                                      |  |
| TELEPHONE NO.  |  |  |  |

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

**Mr.** [REDACTED]

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-15). SPECIFY NAMES AND RELATIONSHIPS.

|      |               |              |
|------|---------------|--------------|
| NAME | DATE OF BIRTH | RELATIONSHIP |
|      |               |              |

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

|  |  |
|--|--|
| NAME (Mr., Mrs., Miss)<br><b>Mr.</b> [REDACTED]  | RELATIONSHIP<br><b>Brother-in-law</b>        |
| HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE<br><b>[REDACTED] Seguin, Texas 78155</b> | HOME TELEPHONE NUMBER<br><b>512-379-7620</b> |
| BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE                                      | BUSINESS TELEPHONE & EXTENSION               |

15. THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES ☒ X  
NO

16. THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES ☐  
NO ☒ X

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES ☒ X  
NO

The persons named in items 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

**CONFIDENTIAL**  
(Type Filled 2-3)

|   |  |   |
|---|--|---|
| <b>5. VOLUNTARY ENTRIES</b>   |  |   |
| <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> |  |   |
| <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center">The Riggs National Bank, Federal Office, 1750 Pennsylvania Avenue,<br/>N.W., Washington D.C.</p>   |  |   |
| <p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>  |  |   |
| <p>IF YES, DO YOU HAVE A JOINT ACCOUNT?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>   |  |   |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>   |  |   |
| <p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>   |  |   |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>   |  |   |
| <b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>  |  |   |
|   |  |   |
| <b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b><br>(No Approval Required)   |  |   |
| <p>RESIDENCE WHEN EMPLOYED (Full Address)</p>   | <p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p> |   |
| <b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b><br>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)   |  |   |
| <p>FULL ADDRESS</p>   | <p>DEPUTY DIRECTOR OR DESIGNEE</p>                                       | <p>DATE</p>                               |
| <p></p>   | <p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>               | <p>DATE</p>                               |
| <p>SIGNED AT<br/><i>Headquarters</i></p>  | <p>DATE<br/><i>7 June 49</i></p>   | <p>SIGNATURE<br/><i>Clair D. Over</i></p> |

**CONFIDENTIAL**

SECRET

| FIELD REASSIGNMENT QUESTIONNAIRE   |                                 |   |  |                              |
|--|---------------------------------|---|--|------------------------------|
| DO NOT COMPLETE  |                                 | FOR HEADQUARTERS USE ONLY                 |  |                              |
| NAME OF EMPLOYEE (use pseudo only if SA)   |                                 | DATE (from item 5-D)                      | NAME OF SUPERVISOR (true)                      | DATE (from item 5-2)         |
| Daniel Flores  |                                 |   |  |                              |
| DATE RECEIVED AT HEADQUARTERS:   |                                 | DISPATCH NUMBER:                          | DATE RECEIVED BY CAREER SERVICE:               |                              |
| 30 October 1970  |                                 | HEQT 1506                                 | 04 MAR 1971                                    |                              |
| TO BE COMPLETED BY EMPLOYEE  |                                 |   |  |                              |
| 1. DATE OF BIRTH   | 2. SERVICE DESIGN               | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE                             | 5. COUNTRY FOR CURRENT COVER |
|  |                                 | Operational Officer<br>GS-10              |  | INCOFF                       |
| 6a. DATE OF PCS ARRIVAL IN FIELD   | 6b. REQUESTED DATE OF DEPARTURE | 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE |                              |
| 13 May 1969  | 15 May 1971                     | 1 June 1971                               | 1 August 1971                                  |                              |
| 7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:   |                                 |   |  |                              |
| Spouse (Expecting child in March 1971)   |                                 |   |  |                              |
| 8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:  |                                 |   |  |                              |
| NA   |                                 |   |  |                              |
| 9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)  |                                 |   |  |                              |
| Case Officer responsibilities including running project targetted against [redacted] agent handling including [redacted] and related support agents; preparation of intelligence reports, dispatches and other reports related to Case Officer duties. |                                 |   |  |                              |
| 10. TRAINING DESIRED:<br>INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS  |                                 |   |  |                              |
| 1. Soviet Operations Course. (If possible, I would like to co-ordinate this course with my home leave in the summer of 1971.)  |                                 |   |  |                              |
| 2. Language training. Preferably [redacted] because I would like to serve in [redacted] sometime in the future.  |                                 |   |  |                              |

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

I would like a position of increased responsibility, preferably as a Case Officer for Soviet Operations in Latin America. If this is possible I would like to take the Soviet Operations Course at Headquarters prior to my next assignment.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- ☐ EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- ☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☐ BE ASSIGNED TO \_\_\_\_\_ FIELD STATION: INDICATE YOUR CHOICE OF GEOGRAPHIC AREA  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☐ RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

It is believed that this officer's performance at his present post of assignment has provided sufficient indication of his competence as a field case officer, and that he should have no problem filling a Soviet Operations Officer slot at a medium sized field installation. He should attend the Soviet Operations Course prior to such assignment.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WH Division has selected Mr. Flores for assignment to \_\_\_\_\_ in September 1971.

DATE 1 Mar 71 FILE C/WH/PER SIGNATURE H. L. Burdick

**FOR USE BY CAREER SERVICE**

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_

FILE NO. 113900

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

16. EMPLOYEE'S DEPARTMENT/SECTION

**SECRET**

**SECRET**  
(When Filled In)

# REPORT OF SERVICE ABROAD

**FILE  
PUNCHED  
BY RT**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

**SERIAL NO.**

**NAME**

**LAST**

**FIRST**

**MIDDLE**

036130

(Print) Flores

7-26 Daniel

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

## PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA     |      | O/P USE ONLY |       | COUNTRY |       |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------|-------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 1 - PCS (Basic)  | CODE | 37           | 38 39 |         | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - CORRECTION   | 3/   |              |       |         | 40-42 |
|             |       |       |               |       |       | 3 - CANCELLATION |      |              |       |         |       |
| 05          | 13    | 69    |               |       |       |                  | /    |              |       |         | 175   |

## TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA     |      | O/P USE ONLY |       | AREA(S) |       |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------|-------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 2 - TDY (Basic)  | CODE | 37           | 38 39 |         | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 4 - CORRECTION   |      |              |       |         | 40-42 |
|             |       |       |               |       |       | 5 - CANCELLATION |      |              |       |         |       |
|             |       |       |               |       |       |                  |      |              |       |         |       |

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

|   |  |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER   | <input type="checkbox"/> DISPATCH                                  |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)  |  |

DOCUMENT IDENTIFICATION NO.

21457300

DOCUMENT DATE/PERIOD

12 May 1969

REMARKS

|             |                     |  |
|-------------|---------------------|--|
| PREPARED BY | REPORT SUBMITTED ON | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| DATE        | SIGNATURE           |  |
| 21 May 69   |                     |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET

Not Approved by  
CS Career Service

81 JAR pm

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)

SUBJECT : Recommendation for Promotion to Grade  
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-09 to GS-10.

2. Mr. Flores joined the Agency in 1962; initially he was employed on a part-time basis in the MI Division while attending the American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the MI Division, he was selected for assignment as an operations officer at the [ ] Base where he arrived in May 1969. Mr. Flores is bi-lingual in Spanish.

3. Both as a Headquarters and field operations officer Mr. Flores has carried out his assignments with intelligence, enthusiasm and initiative. As the [ ] Base officer in charge of [ ] operations, his performance has been of high caliber. In August 1969, during the forced absence of the Chief of Base and other senior officers, Mr. Flores assumed the full responsibilities for running the base for a period of several weeks. He performed the duties of Acting Chief of Base in a superior manner. In addition to his operational competence, the [ ] Chief of Base has observed that Mr. Flores' ability to develop social relations with ease has been a distinct asset for the Base.

4. Mr. Flores has already proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level far higher than his current grade and a promotion at this time is strongly recommended.

*William V. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

SECRET

CONFIDENTIAL  
(When filled in)

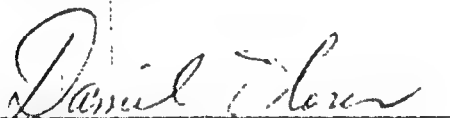
IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing TCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

---

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

  
Signature

DANIEL FLORES

  
Date

CONFIDENTIAL

Group 1 - Excluded from  
automatic downgrading  
and declassification.

# CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER

Elkess

Daniel

## 1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

Washington, D.C.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE HOME LEAVE RESIDENCE

Washington, D.C.

## 2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE DATE OF MARRIAGE

Lima, Peru 14 Dec 1960

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

## 3. MEMBERS OF FAMILY

NAME(S) OF CHILDREN ADDRESS (No., Street, City, State, Zip Code) TELEPHONE NO.

Accompanying

SEX DATE OF BIRTH

NAME OF YOUR MOTHER (or female guardian) ADDRESS TELEPHONE NO.

Peru

6121672-6061

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

## 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) RELATIONSHIP

Mr. Brother-in-law

HOME ADDRESS (No., Street, City, State, Zip Code) HOME TELEPHONE NUMBER

League, Texas (512) 679-7670

BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

(Same as above)

IS THE INDIVIDUAL NAMED ABOVE FITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES NO

NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person who should make such decisions in case of emergency.)

YES NO

NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES NO

NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

## CURRENT RESIDENCE AND DEPENDENCY REPORT



**CONFIDENTIAL**

(When Filled In)

**VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

*Riggs National Bank : Daniel and [redacted] Flores  
17th and Penn. Avenues, Washington, D.C.  
(1750 Penn Avenue*

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☒ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

*At home. Will leave with responsible person for safe keeping.*

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☐ YES ☐ NO. (If "Yes" give name(s) and address)

*N/A*

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possesses the power of attorney?)

*But may before I leave.*

**ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**

*My father should not be notified in case of an emergency because of his health and age.*

SIGNED AT

DATE

*7 April 1969*

SIGNATURE

*Daniel Flores*

**CONFIDENTIAL**

— 70 —

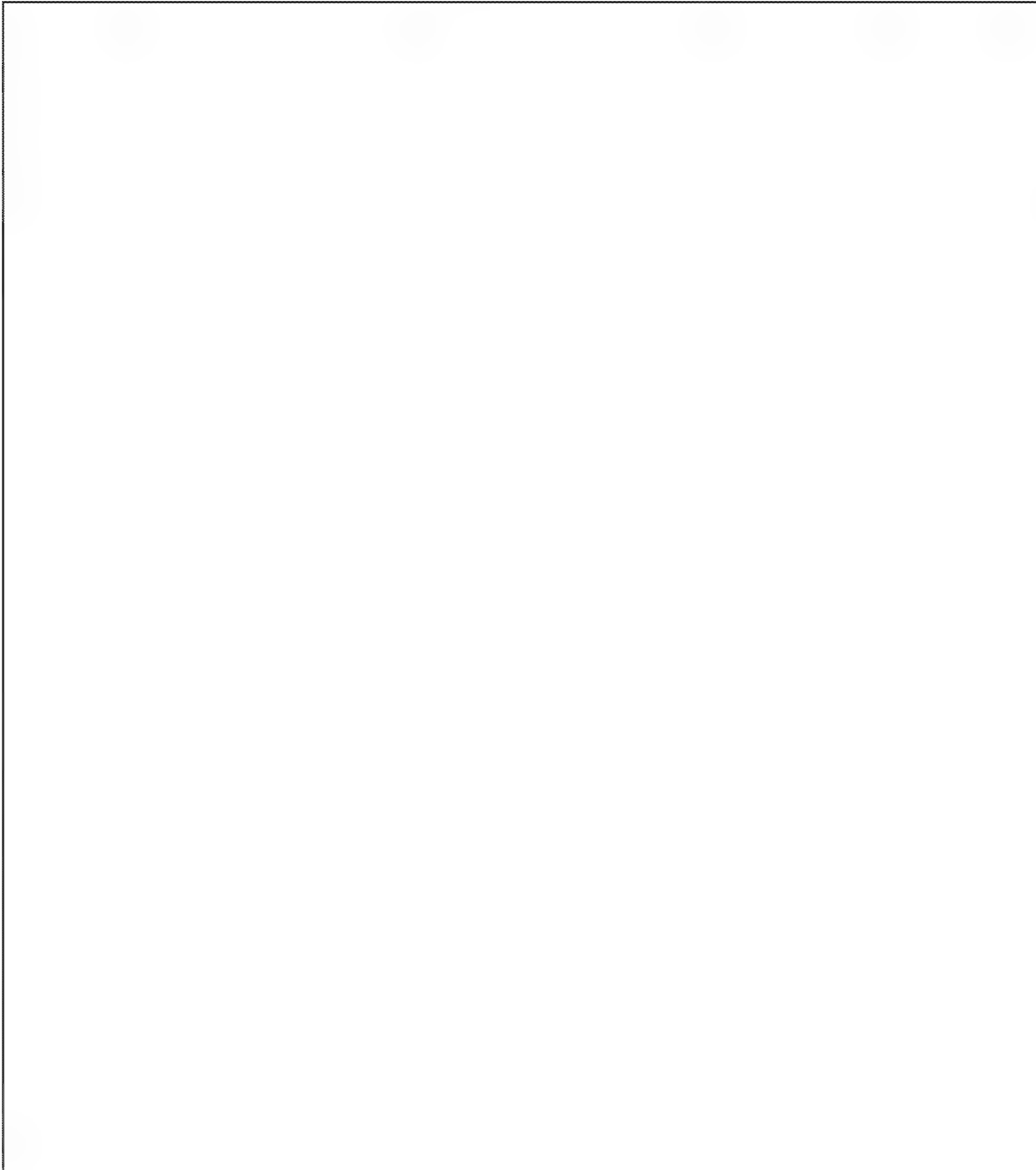
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Effective 10 April 1969

| Date | Time | Location | Weather | Remarks |
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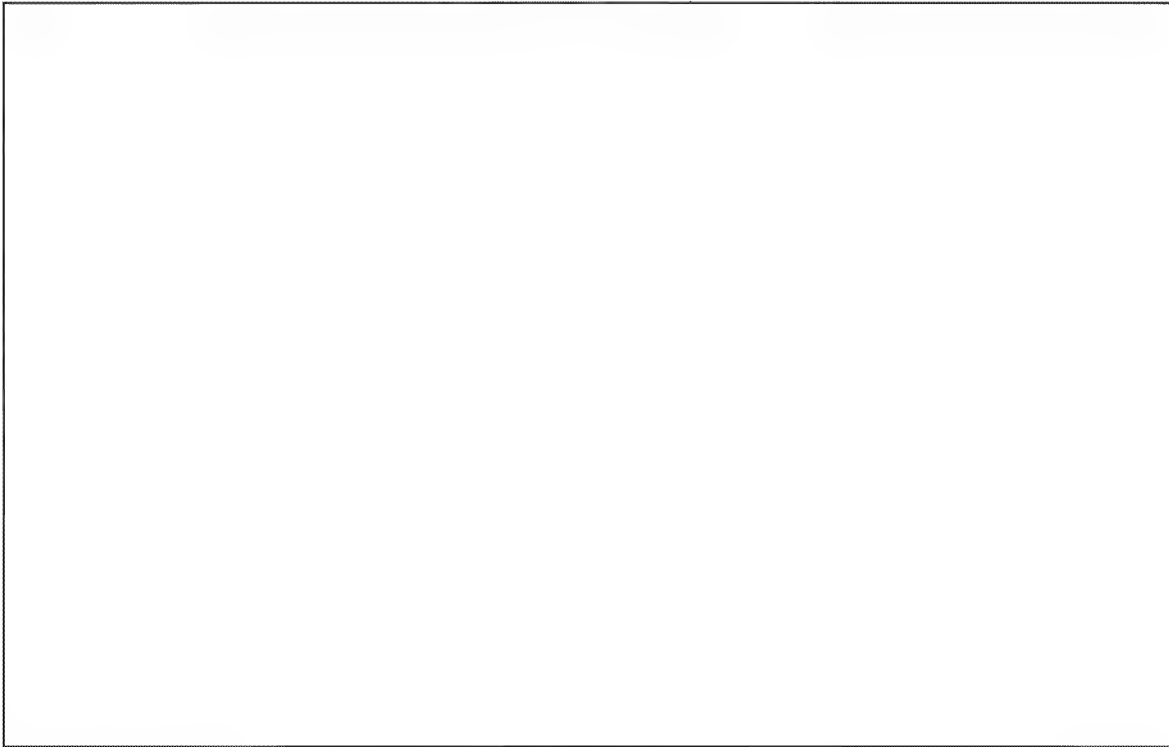
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UNITED STATES GOVERNMENT



Personnel Office

ACCEPTED:

*David L. [Signature]*

3

FORM 1535c

SECRET

10 01

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) 036730 (first) Flores (middle) Doniel DATE OF BIRTH (month, day, year)                      SOCIAL SECURITY NUMBER                     

EMPLOYING DEPARTMENT OR AGENCY                     

LOCATION (City, State, ZIP Code)                     

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUD" THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE**

STATISTICAL STUD (SEE INSTRUCTIONS)

*Doniel Flores*  
DATE 1/10/80

**FOR EMPLOYING OFFICE USE ONLY**

(Initials and date of receipt)

Keep copy of this form in office of original

When you receive this form, please send it to the  
proper office by the date indicated below.

S-E-C-R-E-T

- TRAINING REPORT -

Operational Interrogation Course No. 2-69  
(Full time - three weeks) 4 - 22 November 1968

Student: Flores, Daniel

Office: WH

Grade : 08

EOD : Mar 62

Number of Students Enrolled:

Service Designation: D

COURSE OBJECTIVE

RATING

Class Performance : Satisfactory

Interrogation Aptitude: Average

GENERAL CLASS PERFORMANCE

Excellent: 3      Satisfactory: 6      Unsatisfactory: 0

GENERAL CLASS APTITUDE FOR INTERROGATION

High: 2      Average: 6      Low: 1

FOR THE DIRECTOR OF TRAINING:

27 DEC 1968  
Date

Chief Instructor

S-E-C-R-E-T

C-E-C-R-E-T

|   |             |            |                 |          |                            |  |
|---|-------------|------------|-----------------|----------|----------------------------|--|
| TRAINING REPORT<br>OPERATIONS COURSE<br>(FULL TIME) | Course No.  |            | No. of Students |          | Dates of Course            |  |
|   | OC-1-3/4-68 |            | Began           | Finished | 27 May -<br>16 August 1968 |  |
| STUDENT IDENTIFYING INFORMATION                     |             |            |                 |          |                            |  |
| NAME OF STUDENT                                     | YOB         | ECG DATE   | OFFICE          | GS       | SL                         |  |
| FLORES, Daniel                                      |             | March 1967 | CTP             | GS       | SL                         |  |
| PERFORMANCE EVALUATION                              |             |            |                 |          |                            |  |

- W - Weak                      Ranges from inadequate to less than satisfactory (in terms of a new and inexperienced case officer).
- A - Adequate                Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.
- P - Proficient              More than satisfactory. Has acquired a solid beginner's proficiency. This rating may be interpreted as representing "average" on our rating scale.
- S - Strong                   Exceptional proficiency, characterized by thoroughness, initiative, originality, and an exceptional student understanding of the case officer role in clandestine operations.
- O - Outstanding            Performance is so exceptional in relation to requirements of the work and in comparison to the performance of other students doing similar work as to warrant special recognition.

COURSE OBJECTIVE

This course is designed to prepare selected staff officers from the Career Trainee Program for field operations officer work with the Clandestine Services. The student's understanding of the Clandestine Services doctrines, policies and operational concepts and his ability to apply these related items is measured by a series of practical exercises. Successful completion of the Operations Familiarization Course (OFC) is a prerequisite for admission to the Operations Course.

RATING LETTER

|  |   |
|--|---|
| TRADECRRAFT  | P |
| INTELLIGENCE AND OPERATIONAL INFORMATION REPORTING | P |
| CLANDESTINE SERVICES OPERATIONAL PROGRAMS          | P |

The trainee also received basic instruction and practical work

This rating corresponds to the statement which most accurately reflects the student's level of performance and takes into account everything about him which influenced his effectiveness. This rating is a reflection of the degree to which the instructors feel that the student is both suitable and competent for overseas service in the Clandestine Services.

|                        |
|------------------------|
| OVERALL<br>PERFORMANCE |
| P                      |

Overall performance ratings of all students in this class:

WEAK    0    ADEQUATE    0    PROFICIENT    40    STRONG    40    OUTSTANDING    20

C-E-C-R-E-T

S-E-C-R-E-T

NARRATIVE COMMENTS

Significant strengths and weaknesses and their relationship to overall performance in the Operations Course. This section amplifies and explains, as necessary, the rating letters given above.

Mr. Flores' overall performance in this course was at the high proficient level. He is a very friendly and personable individual who put forth a good deal of effort to do well in the course. Mr. Flores takes a very practical approach to solving problems and his attitude throughout the course was excellent.

Mr. Flores acquired a good understanding of the principles and techniques of Clandestine Services operations, and in problems requiring [redacted] in the live exercises he came through as a very friendly and personable individual. He was particularly effective in debriefing situations and demonstrated flexibility in meeting the problems that arose during the [redacted]

Mr. Flores demonstrated a good understanding of Clandestine Services programs in Foreign Intelligence, Counterintelligence and Covert Action. His performance was graded strong in handling of a [redacted] and in a Counterintelligence case study and a Covert Action case study his understanding and analyses were judged highly proficient. He received a rating of adequate in photography.

Mr. Flores has good writing skills and acquired a thorough understanding of intelligence and operational reporting procedures and formats of the Clandestine Services. His intelligence reports were consistently complete, accurate and clear. His operational reports suffered occasionally from weak organization, and on one occasion he had difficulty distinguishing operational from intelligence information; but his reports were generally complete and accurate and showed a sound understanding of operational reporting requirements.

Mr. Flores is a personable and intelligent individual who got along very well with his colleagues and with the instructors. With his excellent attitude and strong desire for a career in the Clandestine Services together with his willingness to work hard, Mr. Flores should have little difficulty in developing into an effective case officer as he gets greater experience.

FOR THE DIRECTOR OF TRAINING:

[redacted]

Chief Instructor

23 August 1968  
Date

S-E-C-R-E-T



S-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68  
( 416 hours, full-time)

4 March - 3 May 1968  
(Date)

Student : FLORES, Daniel

Office : CTP/OTR

Year of Birth:

Service Designation: BJ

Grade : GS-07

No. of Students:  Began;  Finished

EOD : March 1962

COURSE OBJECTIVES:

The course is designed to prepare junior clandestine services officers for  related to the  of  Upon completion of training, the officer will be capable of developing and implementing actions which will contribute to the elimination of  in the  of the world in furtherance of U.S. policy. He shall also be capable of developing plans for the  of  in support of United States  in  and will be able to plan for the use of  and  operations in direct support of other intelligence activities.

ACHIEVEMENT RECORD:

The performance rating and narrative comments below are derived from a synthesis of all observations and evaluations submitted on each trainee by the instructor staff. Student rating is indicated by the asterisk.

INCOMPLETE 0 ADEQUATE 0 PROFICIENT \* 48 STRONG 12

NARRATIVE COMMENTS:

Mr. Flores is a self-sufficient, steady worker, who demonstrated an excellent ability to adapt himself to the various training situations. His proficient performance during Operations Course, Phase II-3-68 did not fluctuate appreciably from beginning to end.

Mr. Flores was always mentally alert, receptive to instruction and responsive to instructional exercises. He cheerfully accepted all responsibilities, consistently produced satisfactory results, and appeared to demonstrate a sense of pride in his accomplishments. His conscientious effort, sincerity, and cooperative attitude enabled him to develop a sound working relationship with his colleagues.

Continued on Page 2

S-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68  
(416 hours, full-time)

4 March - 3 May 1968

Student : FLORES, Daniel

Office : CTP/OTR

Service Designation: SJ

NARRATIVE COMMENTS (Continued)

Of noteworthy mention was Mr. Flores' pleasant, industrious performance throughout the [ ] He established a cheerful environment for his colleagues and completed assigned responsibilities with enthusiasm, determination and cooperation. His sustained high-level performance and ability to adapt to the [ ] earned him the respect and appreciation of his classmates.

The degree of performance attained in the course indicates Mr. Flores has gained a sound familiarization of the [ ] activities, responsibilities, skills, and concepts.

FOR THE DIRECTOR OF TRAINING:

[ ]  
Chief Instructor, Operations Course, Phase II

S-E-C-R-E-T

S E C R E T

TRAINING REPORT

|                                  |  |
|----------------------------------|--|
| NAME OF TRAINEE: Flores, Daniel  | COURSE: CS RECORDS I &<br>CS RECORDS II<br>(Biographic Research) |
| DOB: <input type="text"/> 3D: SJ | DATE : 9 - 16 May 1968   |
| OFFICE: CTP GS: 07               | HOURS : 30 - part time   |

OBJECTIVES

1. To provide briefing in the CS requirement for biographic research, the importance of this research in the investigative process, and in the importance of the role of the biographic researcher.
2. To provide instruction in the nature, content and means of access to repositories of biographic information in the CS and other elements of the Agency and the community.
3. To introduce the concept of research and investigation and the processes involved therein, and to provide practical work in research as done at headquarters.
4. To alert the students to the nature of analysis in producing finished reports of biographic research.
5. To provide practice in writing the report of biographic research.

METHOD OF INSTRUCTION

The course is presented by means of lecture, discussion and demonstration. More than fifty percent of the class time is devoted to an exercise in biographic research, an exercise in analysis of the materials recovered, and preparation of a report of the research.

ADJECTIVAL RATINGS USED IN THE TRAINING REPORT

- |                |  |
|----------------|--|
| EXCELLENT      | Student demonstrated unusual competence in achieving the course objectives. His understanding of the course content was unusually thorough and perceptive. Where skills were taught, he demonstrated particular facility in their use. |
| ✓ SATISFACTORY | Student's achievement of the course objectives was competent. He demonstrated good understanding of the course content. Where skills were taught, he demonstrated basic facility in their use.   |
| UNSATISFACTORY | Student did not demonstrate adequate competence. Although he may have made some progress, he fell short of the minimum standards for achievement of the course objectives.   |

S E C R E T

S E C R E T

NARRATIVE RATING OF ACHIEVEMENT:

Mr. Flores showed considerable ability and experience in his handling of the practical problem. He should have no trouble in doing work of this kind with a minimum of supervision.

Overall adjectival rating of achievement:

Satisfactory ✓

Overall adjectival ratings of achievement of all employees in the course:

EXCELLENT: 2 SATISFACTORY: 14 UNSATISFACTORY:

Attendance at this course does not provide the student with operational knowledge and background sufficient to qualify him as an independent researcher, capable of making operational judgments.

NOTE: CS Records I (Introduction to Records) is a prerequisite for this course.

FOR THE DIRECTOR OF TRAINING:

24 MAY 1968

Date

Chief Instructor

- 2 -

S E C R E T

# SECRET

(When Filled In)

| TRAINING REPORT<br>INTELLIGENCE TECHNIQUES COURSE (120 Hours)   |                                 | COURSE NO.<br>3-68   | NO. STUDENTS<br>46 | DATE OF COURSE<br>29 Jan -<br>13 Feb 1968 |              |
|---|---------------------------------|--|--------------------|---|--------------|
| IDENTIFYING INFORMATION   |                                 |  |                    |   |              |
| NAME OF STUDENT<br>FLORES, Daniel   | YOB<br><input type="checkbox"/> | EDD DATE<br>Mar 1962   | OFFICE<br>CTP      | GS<br>07                                  | SD<br>SJ     |
| KEY TO RATINGS  |                                 |  |                    |   |              |
| <p><b>W - Weak</b> Ranges from inadequate to less than satisfactory.</p> <p><b>A - Adequate</b> Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> More than satisfactory. Has acquired a solid beginner's proficiency.</p> <p><b>S - Strong</b> Exceptional proficiency. Characterized by thoroughness, initiative, originality, and an exceptional student understanding of the work involved in intelligence production.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |                                 |  |                    |   |              |
| EVALUATION OF PERFORMANCE IN SKILLS   |                                 |  |                    |   |              |
| BRIEFING  | RATING<br>P                     | WRITING  | RATING<br>A+       | ANALYSIS                                  | RATING<br>P  |
| OVER-ALL PERFORMANCE EVALUATION   |                                 |  |                    |   |              |
| <p>The RATING LETTER reflects the over-all performance of the student in the course and is thus a measure of the extent to which the student possesses the skills and techniques required in the production of finished intelligence. The rating is not necessarily arrived at by mathematically averaging in the skills ratings, but takes into consideration any outstanding strengths or weaknesses that should be reflected in an evaluation of the performance of the student as a whole. The RATING LETTER is a consensus of the view of the faculty.</p>   |                                 |  |                    |   | RATING<br>P- |
| REPORT OF OBSERVATIONS, JUDGMENTS AND IMPRESSIONS   |                                 |  |                    |   |              |
| <p>This is a general, unspecific, narrative report of observations, judgments, and impressions. It includes intangible factors such as the student's attitude, cooperativeness, attentiveness, maturity, and judgment. It also includes the general impression the student has made on the faculty. This report will not be included unless the instructors believe that it would add something to the previous evaluation of performance in skills as well as to the evaluation of the OVER-ALL PERFORMANCE of the student.</p>  |                                 |  |                    |   |              |
| FOR THE DIRECTOR OF TRAINING:   |                                 | <input type="checkbox"/>                                     |                    | DATE                                      |              |
|   |                                 | CHIEF INTELLIGENCE PRODUCTION FACULTY<br>INTELLIGENCE SCHOOL |                    |   |              |

S-E-C-R-E-T

PERFORMANCE RECORD

The

CT Class 2 FSA - 1 May 1977

Course Description

A. Statement of Objectives

1.

2.

B. Course Method

1. Approximately one-half of the course is devoted to lectures, one-fourth to seminars, exercises and demonstrations, and one-fourth to individual study.
2. Student achievement is judged on the basis of performance in one written examination and participation in seminars and exercises.

NAME Flower, David

Written Work

Examination

By Student

Oral Work

Seminars, Exercises

By Student

Comments:

GROUP I  
Excluded from automatic  
downgrading and  
declassification

S-E-C-R-E-T

TRAINING REPORT

OPERATIONS FAMILIARIZATION COURSE NO. 2-68  
(192 hours, full-time)

2 Jan. - 26 Jan. 1968  
(Date)

STUDENT : FLORES, Daniel

OFFICE : CTF

YEAR OF BIRTH:

SERVICE DESIGNATION: CJ

GRADE : GS-07

STATUS OF STUDENT: ☐ Began

END DATE : March 1962

☐ Finished

COURSE OBJECTIVE AND CONTENT

The Operations Familiarization Course is a four-week course designed to provide the student with an understanding of the Clandestine Services programs, operational methods and reporting techniques. Special emphasis is given the basic elements of

METHODS

The instructional methods used included class discussions, lectures, films demonstrations, practical exercises and case studies. Practical exercises were

The operational programs of various Clandestine Services Divisions were discussed by representatives of the respective Headquarters components.

EVALUATION OF PERFORMANCE

The student's rating is based on understanding of the material presented as demonstrated by his participation in class discussions, the preparation of intelligence and operational reports, the application of operational principles in the practical exercises and the grade received on a comprehensive written examination given in the final week of the course which covered all areas of course content. Other factors considered in determining the final rating were the student's interest, attitude and preparation for assignments. The number of students receiving each adjectival rating on overall course performance is shown below. This student's rating is indicated by an asterisk. Explanatory narrative comments are included with a rating of ADEQUATE or STRONG. When considered pertinent by the training staff, comments may also be included with a PROFICIENT (average) rating.

UNSATISFACTORY

ADEQUATE

\* PROFICIENT

STRONG

☐☐☐☐

✓ Mr. Flores' overall performance in the course was at the solid proficient level. It should be noted that he demonstrated a particularly good attitude throughout the course. He took full advantage of the training offered to increase his knowledge of the Clandestine Services.

FOR THE DIRECTOR OF TRAINING

9 Feb. 1968  
JTS

J-S-C-S-G-F

S-E-C-R-E-T

ORIENTATION TO INTELLIGENCE FOR CT'S  
(Class of December 1967)

|                |                      |                      |  |
|----------------|----------------------|----------------------|--|
| STUDENT        | : Daniel FLORES      | Duration:            | 11-22 December 1967<br>(30 hours, full time) |
| YEAR OF BIRTH: | <input type="text"/> | OFFICE               | : CT   |
| GRADE          | : GS-07              | SERVICE DESIGNATION: | SJ   |
| EOD            | : March 1962         | NUMBER OF STUDENTS : | <input type="text"/>                         |

COURSE OBJECTIVES - CONTENT AND METHODS

In the Orientation to Intelligence Course the objectives are: (1) to instruct the student in the basic concepts and terminology of intelligence; (2) to describe the history of U.S. intelligence and the current role of intelligence in the national security structure; (3) to outline the composition and mission of the intelligence community, noting the Agency's significant role therein; (4) to define the mission of CIA in supporting the DCI and to identify the functions of the Agency's major components, particularly in the collection, production, and dissemination of intelligence; and (5) to identify and discuss major problems facing the Agency. The area surveys and "Articulating the United States" elements of the course are designed to introduce the students briefly to some of the intelligence problems presented by major regions of the free world and to stimulate thought about the American way of life and its relationship to these areas.

Instructional techniques include lectures given by members of the Orientation and Briefing Faculty, guest speakers from Agency components, seminars, directed reading, review exercises, training films, and intelligence exhibits.

ACHIEVEMENT RECORD

The individual student evaluation is based on his score achieved on a written examination given at the conclusion of the course. This test, consisting of 100 items, covered all major aspects of the course content. The rating assigned to this student is:

PROFICIENT

The evaluation system used was as follows:

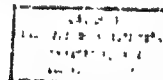
|                 |   |             |
|-----------------|---|-------------|
| O = Outstanding | - | 0-3 wrong   |
| S = Strong      | - | 4-8 wrong   |
| P = Proficient  | - | 9-15 wrong  |
| A = Adequate    | - | 16-25 wrong |
| W = Weak        | - | 26- wrong   |

FOR THE DIRECTOR OF TRAINING:

Chief, Orientation & Briefing Faculty

8 January 1968  
Date

S-E-C-R-E-T





CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

THROUGH : Executive Secretary  
CSCT Selection Board

SUBJECT : Application for Career Training Program

1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.

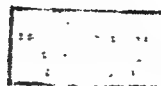
2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.

3. Should you have any further questions, do not hesitate to call on the Program Officers.

[Redacted Signature]

Chief, CTP

CONFIDENTIAL



# SECRET

(When Filled In)

| MILITARY STATUS QUESTIONNAIRE<br>(READ INSTRUCTIONS ON REVERSE SIDE)   |  |  |  | DO NOT WRITE IN SPACES BELOW     |                          |
|--|--|--|--|----------------------------------|--------------------------|
| 1. THIS DATE (Month-day-year)<br>MARCH 18, 1962  |  |  |  | 1-6. SERIAL NUMBER<br>006100     |                          |
| 2. NAME (Last-first-middle)<br>FACKES, DANIEL (V)  |  |  |  | 7-24. NAME                       |                          |
| 3. DATE OF BIRTH (Month-day-year)  |  | 4. SEX<br><input checked="" type="checkbox"/> (1) MALE <input type="checkbox"/> (2) FEMALE                   |  | 25-29. D/JR<br>18.35             |                          |
| 5. OFFICE TO WHICH ASSIGNED<br>EDF/CPSEN/RT  |  | 6. SCHEDULE AND GRADE<br>GS-04   |  | 29. SER<br>1                     |                          |
| 7. SUBJECT TO CURRENT DRAFT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 8. INDICATE DRAFT CLASSIFICATION, IF ANY   |  | 30-31. OFFICE CODE<br>39         |                          |
|  |  |  |  | 32-34. SCHD 35-39 GR.<br>C.5 C.4 |                          |
|  |  |  |  | 37. DRAFT STATUS<br>2            |                          |
|  |  |  |  | 38-39. CLASS.                    |                          |
| VETERANS COMPLETE THE FOLLOWING  |  |  |  |                                  |                          |
| 9. BRANCH OF SERVICE ON SEPARATION (Check one)   |  |  | 10. MIL. GRADE ON SEPARATION<br>OPL (E4)   |                                  | 60. BRANCH SERVICE       |
| <input type="checkbox"/> (1) ARMY <input checked="" type="checkbox"/> (2) MARINE <input type="checkbox"/> (3) COAST GUARD<br><input type="checkbox"/> (4) NAVY <input type="checkbox"/> (5) AIR FORCE  |  |  | 10A. YRS. MOS. OF ACTIVE SERVICE<br>4 YRS  |                                  | 41-42. MIL. GRADE<br>E 4 |
| 11. STATUS AT TIME OF SEPARATION (Check one)   |  |  |  |                                  |                          |
| <input checked="" type="checkbox"/> (1) REGULAR <input type="checkbox"/> (2) RESERVE <input type="checkbox"/> (3) DRAFTER <input type="checkbox"/> (4) OTHER (Specify by number)   |  |  |  |                                  |                          |
| 12. TYPE OF SEPARATION (Check one)   |  |  |  |                                  |                          |
| PLEASE NOTE<br>ALTHOUGH YOU MAY HAVE A SERVICE CONNECTED DISABILITY, DO NOT CHECK THE BOX "RETIRED-SERVICE CONNECTED DISABILITY" UNLESS YOU WERE ACTUALLY RETIRED FOR THIS REASON. IF OTHERWISE, CHECK "HONORABLE DISCHARGE" OR "RELEASED TO INACTIVE DUTY" AS APPROPRIATE, EVEN THOUGH YOU MAY BE DRAWING A DISABILITY ALLOWANCE OR COMPENSATION. |  |  |  |                                  |                          |
| <input type="checkbox"/> (1) RELEASED TO INACTIVE DUTY<br><input checked="" type="checkbox"/> (2) HONORABLE DISCHARGE<br><input type="checkbox"/> (3) RETIRED-20 (or more) YRS. SERVICE<br><input type="checkbox"/> (4) RETIRED-LESS THAN 20 YRS. SERVICE  |  |  | <input type="checkbox"/> (5) RETIRED-AGE<br><input type="checkbox"/> (6) RETIRED-SERVICE CONNECTED DISABILITY<br><input type="checkbox"/> (7) RETIRED-COMBAT DISABILITY<br><input type="checkbox"/> (8) OTHER-SPECIFY UNDER COMMENTS |                                  |                          |
| MEMBERS OF RESERVE FORCES COMPLETE THE FOLLOWING   |  |  |  |                                  |                          |
| 13. RESERVE BRANCH OR SERVICE  |  | 14. ORIGINAL ENTRY DATE IN ARMED SERVICES  |  | 45. BRANCH SERVICE               |                          |
| 15. SERVICE SERIAL NO.   |  | 16. MOS, AFSC, DESIGNATOR, OR RATING   |  | 46-49. ENTRY DATE                |                          |
| 17. MIL. GRADE   |  | 18. RESERVE CATEGORY (Check one)   |  | 50-59. SERV. SER. NO.            |                          |
|  |  | <input type="checkbox"/> (1) READY <input type="checkbox"/> (2) STANDBY <input type="checkbox"/> (3) RETIRED |  | 60-64. MOS, AFSC, ETC.           |                          |
| 19. EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT (Month and year)  |  |  |  | 55-59. MIL. GRADE                |                          |
|  |  |  |  | 67. CATEGORY                     |                          |
| 20. MIL. MOBILIZATION ASSIGNMENT   |  |  |  | 68-71. EXPIRATION DATE           |                          |
| 21. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED   |  |  |  | 72. MOBILIZATION ASSIGNMENT      |                          |
|  |  |  |  | 73. ASSIGNMENT UNIT              |                          |
|  |  |  |  | 74. MOBILIZATION CATEGORY        |                          |
| 22. COMMENTS   |  |  |  |                                  |                          |

CIA INTERNAL USE ONLY  
(Classify When Filled In)

# OUTSIDE ACTIVITY APPROVAL REQUEST

SEE HR 10-7 BEFORE SUBMITTING TO FOR AN ORIGINAL AND 3 COPIES OF THIS FORM

TO : DIRECTOR OF SECURITY; ATTN: EMPLOYEE ACTIVITY BRANCH  
DATE: 16 April 1962

THROUGH: (Operating official, administrative and/or security officer)

Security Officer, RID

FROM : NAME AND GRADE OF EMPLOYEE (Print or type) COMPONENT ROOM NO. AND BLDG. PHONE  
FLORES, Daniel GS-04 CDP/OPSER/RID/RB/IN A B 4003 6187

1. DESCRIPTION OF OUTSIDE ACTIVITY FOR WHICH APPROVAL IS REQUESTED:

Bartender

2. FULL NAMES OF ORGANIZATION AND/OR PERSONS INVOLVED

Bartenders Union Local 01A 75

Mr.

3. DATE(S) OF PARTICIPATION AND LOCALE OF ACTIVITY

On call different days of the week.  
914 F Street, N. W.  
Washington, D. C.

4. REMARKS

In engaging in the requested activity I will make no reference to, or discuss my CIA assignments or duties nor will I make reference to or discuss my CIA employment except as authorized by Headquarters Regulation 10-7.

SIGNATURE OF REQUESTING EMPLOYEE

5. CONCURRENCES AND/OR APPROVAL WITHIN OPERATING OFFICE

(signed) John M. Wigglesworth

Chief, RID/ADMIN

FOR COMPLETION BY EMPLOYEE ACTIVITY BRANCH AND RETURN OF ORIGINAL TO EMPLOYEE

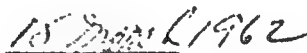
| Standard Form No. 2809<br>CHAPTER 1, § 1 PM<br>G. C. A. 1950  |   | <b>HEALTH BENEFITS REGISTRATION FORM</b><br><small>FEDERAL EMPLOYERS HEALTH BENEFITS ACT OF 1959</small><br><small>(Part I) Use on Form of Employees Use only separate for Employer</small> |  |  | 4536490 |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|---------|-------------------------|----------------------------------|-------------------------|----------------------------------|------|---------|--|--|---------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>PART A</b><br>ALL WHO<br>REGISTER<br>MUST FILE<br>IN THIS<br>PART  | 1. NAME (Last, First, Middle Initial)<br><div style="font-size: 1.5em; font-family: cursive;">FLONE, D. J.</div>  | 2. DATE OF BIRTH<br><div style="font-size: 1.2em; font-family: cursive;">7-5</div>  | 3. Are you now married?<br><div style="font-size: 1.2em; font-family: cursive;">YES</div>  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 4. YOUR MARITAL ADDRESS (Insurer and Street)<br><div style="font-size: 1.2em; font-family: cursive;">1111 1st St. N.W.</div>  | 5. CITY AND ZONE NUMBER (State)<br><div style="font-size: 1.2em; font-family: cursive;">10001 55 222</div>  | 6. Are you covered by, or is any family member covered by, an existing plan under the Federal Employees Health Benefits Act of 1959 (through the enactment of another United States or District of Columbia Government Employees Act)?<br><div style="font-size: 1.2em; font-family: cursive;">YES</div> |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 7. Enter on 1 in proper box to show your annual basic salary range:<br><div style="font-size: 1.2em; font-family: cursive;">\$4,000.01 - \$5,999.99</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART B</b><br>FILE IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL IN A<br>HEALTH BENEFITS<br>PLAN   | 1. I elect to enroll in a health benefit plan as shown below. I authorize deductions to be made from my salary, compensation, or earnings to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)<br><div style="font-size: 1.2em; font-family: cursive;">HOSPITAL GENERAL PLAN</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 2. In space below list all eligible family members (with exception). List your wife or husband first, then your unmarried child or under age 19, including legally adopted children, and dependent children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)<br><div style="font-size: 1.2em; font-family: cursive;">HUSBAND</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife</td> <td>11/1/52</td> <td></td> <td></td> </tr> <tr> <td>Husband</td> <td>11/1/52</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |  |  |         | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | Wife | 11/1/52 |  |  | Husband | 11/1/52 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAMES OF FAMILY MEMBERS   | DATE OF BIRTH (Month, Day, Year)  | NAMES OF FAMILY MEMBERS   | DATE OF BIRTH (Month, Day, Year)   |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wife  | 11/1/52   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Husband   | 11/1/52   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Are you a female (employee or annuitant) — does the family listed above include a husband who is incapable of self-support on account of mental or physical disability which can be expected to continue for more than one year? (If answer YES, attach a doctor's certificate.)<br><div style="font-size: 1.2em; font-family: cursive;">YES</div> |   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART C</b><br>FILE IN THIS<br>PART IF YOU<br>WISH TO<br>CANCEL YOUR<br>ENROLLMENT  | 1. I elect to cancel my enrollment as shown by the enrollment number of present plan:<br><div style="font-size: 1.2em; font-family: cursive;">1</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 2. I elect to cancel my present enrollment under the Health Benefits Act.<br><div style="font-size: 1.2em; font-family: cursive;">YES</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 3. I am covered by a health insurance plan which is not under the Health Benefits Act.<br><div style="font-size: 1.2em; font-family: cursive;">YES</div>  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART D</b><br>FILE IN THIS<br>PART IF YOU<br>WISH TO<br>CHANGE YOUR<br>ENROLLMENT  | 1. I want to change my enrollment as shown by the enrollment number of present plan:<br><div style="font-size: 1.2em; font-family: cursive;">1</div>  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 2. Date of event which permits change (See rules on back of brochure for proper filing):<br><div style="font-size: 1.2em; font-family: cursive;">11/1/52</div>  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 3. Date of event which permits change:<br><div style="font-size: 1.2em; font-family: cursive;">11/1/52</div>  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART E</b><br>ALL WHO<br>REGISTER<br>MUST FILE<br>IN THIS PART   | 4. SIGNATURE OF EMPLOYEE OR ANNUITANT<br><div style="font-size: 1.5em; font-family: cursive;">Daniel Louis J. Flone</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5. WARNING: — Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 6. SIGNATURE OF EMPLOYER OR EMPLOYING OFFICE<br><div style="font-size: 1.2em; font-family: cursive;">J. H. Wiggins</div>  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART F</b><br>TO BE<br>COMPLETED<br>BY<br>AGENCY   | 7. NAME AND ADDRESS OF EMPLOYING OFFICE<br><div style="font-size: 1.2em; font-family: cursive;">U.S. DEPT. OF JUSTICE</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 8. DATE RECEIVED BY EMPLOYING OFFICE<br><div style="font-size: 1.2em; font-family: cursive;">11/1/52</div>  |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 9. EFFECTIVE DATE OF ELECTION<br><div style="font-size: 1.2em; font-family: cursive;">11/1/52</div>   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| REMARKS<br><div style="font-size: 1.2em; font-family: cursive;">1-7</div>   |   |   |  |  |         |                         |                                  |                         |                                  |      |         |  |  |         |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

CONFIDENTIAL,  
(when filled in)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents  
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

  
Signature

  
Date

CONFIDENTIAL

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**— Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, FLORES, DANIEL, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 March 1962

(Date of entrance on duty)

Daniel Flores  
(Signature of appointee)

Subscribed and sworn before me this 12th day of March A. D. 19 62,  
at Washington, D. C.  
(City) (State)

[SEAL]

Shirley L. Davis  
(Signature of official)  
Appointment Clerk  
(Title)

**NOTE**—The oath of office must be administered by a person specified in 5 U. S. C. 18 or by a person designated to administer oaths under Section 506, Act of June 10, 1949, 5 U. S. C. 106. If by a Notary Public, the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

**This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.**

1. PRESENT ADDRESS - Street and number, city and State  
[redacted] *WINSHINGTON, S. C.*

2. PLACE OF BIRTH (city and State or city and foreign country)  
[redacted] *SAN MARCOS, TEXAS*

3. (a) IN CASE OF EMERGENCY, PLEASE NOTIFY  
*MRS. DORRIS JONES*

(b) RELATIONSHIP  
*WIFE*

(c) STREET AND NUMBER, CITY AND STATE  
[redacted] *11 W. NASH, S. C.*

(d) TELEPHONE NO.  
*DE-7-5444*  
*265-5522*

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

| NAME | POST OFFICE ADDRESS<br>(Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT<br>(3) DEPARTMENT OR AGENCY IN WHICH<br>EMPLOYED | RELATIONSHIP | MAR.<br>RID | SIN.<br>GLE<br>(Check one) |
|------|---|--|--------------|-------------|----------------------------|
|      |   | 1. ....<br>2. ....<br>3. ....  |              |             |                            |
|      |   | 1. ....<br>2. ....<br>3. ....  |              |             |                            |
|      |   | 1. ....<br>2. ....<br>3. ....  |              |             |                            |

| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN   | YES | NO | INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN   | YES | NO |
|---|-----|----|---|-----|----|
| 8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?  | X   |    | 10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?  |     | X  |
| 9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br><i>If your answer is "Yes," give details in item 11.</i>  |     | X  | (B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?   |     | X  |
| 12. (A) HAVE YOU OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES LAW ENFORCEMENT PENSION BOARD GOVERNMENT UNDER AN AGREEMENT WITH ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br><i>If your answer is "Yes," give details in item 13.</i>                          |     | X  | 11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:<br>A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:<br>(1) YOUR CONDUCT WAS NOT SATISFACTORY?<br>(2) YOUR WORK WAS NOT SATISFACTORY?   | X   | X  |
| 9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br><i>If your answer is "Yes," give details in item 11.</i>  |     | X  | B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:<br>(1) YOUR CONDUCT WAS NOT SATISFACTORY?<br>(2) YOUR WORK WAS NOT SATISFACTORY?   |     | X  |
| 10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?<br>(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?   |     | X  | C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN VOLUNTARY CIRCUMSTANCES?<br><i>If your answer is "A, B, or C" is "Yes," give details in item 13 as fully as you can, in somewhat including the name and address of employer, approximate date, and reasons in each case.</i> |     | X  |
| 11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:<br>A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:<br>(1) YOUR CONDUCT WAS NOT SATISFACTORY?<br>(2) YOUR WORK WAS NOT SATISFACTORY?   |     | X  |   |     |    |
| B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:<br>(1) YOUR CONDUCT WAS NOT SATISFACTORY?<br>(2) YOUR WORK WAS NOT SATISFACTORY?   |     | X  |   |     |    |
| C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN VOLUNTARY CIRCUMSTANCES?<br><i>If your answer is "A, B, or C" is "Yes," give details in item 13 as fully as you can, in somewhat including the name and address of employer, approximate date, and reasons in each case.</i> |     | X  |   |     |    |
| 12. (A) HAVE YOU OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES LAW ENFORCEMENT PENSION BOARD GOVERNMENT UNDER AN AGREEMENT WITH ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br><i>If your answer is "Yes," give details in item 13.</i>                          |     | X  |   |     |    |
| 13. (A) HAVE YOU OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES LAW ENFORCEMENT PENSION BOARD GOVERNMENT UNDER AN AGREEMENT WITH ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br><i>If your answer is "Yes," give details in item 13.</i>                          |     | X  |   |     |    |

[illegible][illegible][illegible]

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS  
FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)

2. DATE OF BIRTH

FLORES, DANIEL

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

9. RETENTION GROUP

10. A. C/S STATUS ☐ YES ☐ NO  
B. TYPE OF PRESENT APPOINTMENT

NAME AND LOCATION OF AGENCY

FROM—

TO—

TYPE OF APPOINTMENT IF KNOWN

11. SERVICE

YEAR

MONTH

DAY

YEAR

MONTH

DAY

YEAR

MONTH

DAY

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"

BRANCH

FROM—

TO—

DISCHARGE (Hon or dishon ?)

YEAR

MONTH

DAY

YEAR

MONTH

DAY

UNITED STATES MARINE CORPS.

1959

JULY

25

1961

JULY

25

HONORABLE

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☐ NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Full, Susp, AWOL, Mes Mar)

FROM—

TO—

TOTAL

YEAR

MONTH

DAY

YEAR

MONTH

DAY

YEARS

MONTHS

DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? ☐ YES ☐ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

12. TOTAL SERVICE

13. NONCREDITABLE SERVICE (Leave purposes only):

14. NONCREDITABLE SERVICE (RIF purposes only):

15. REEMPLOYMENT RIGHTS ☐ YES ☐ NO

16. RETENTION RIGHTS ☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

7. ARE YOU

A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO

B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO

C. THE UNREMARKED SPOUSE OF A VETERAN? ☐ YES ☐ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

12 March 1962

(DATE)

Daniel Flores

(SIGNATURE)

Subscribed and sworn to before me on this 12th day of Mar 1962 at Washington, D.C.

(LOCATION)

(DATE)

(STATE)

SEAL

Shirley L. Smith

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown

INSTRUCTIONS: Fill this form on the personnel side of the employee's official personnel folder immediately before or after the personnel folder is received



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(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| NAME OF EMPLOYEE (Last)  |  | (First)                                     |  | (Middle)  |  | SOCIAL SECURITY NUMBER  |  |
| FLORES   |  | DANIEL                                      |  | CR  |  |   |  |
| 1. RESIDENCE DATA  |  |   |  |   |  |   |  |
| PLACE OF RESIDENCE WHEN INITIALLY APPOINTED  |  |   |  | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |  |   |  |
| WASHINGTON, D.C.   |  |   |  |   |  |   |  |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE  |  |   |  | HOME LEAVE RESIDENCE  |  |   |  |
| WASHINGTON, D.C.   |  |   |  |   |  |   |  |
| 2. MARITAL STATUS (Check one)  |  |   |  |   |  |   |  |
| <input type="checkbox"/> SINGLE  |  | <input checked="" type="checkbox"/> MARRIED |  | <input type="checkbox"/> SEPARATED                                |  | <input type="checkbox"/> DIVORCED                                   |  |
| <input type="checkbox"/> WIDOWED   |  | <input type="checkbox"/> ANNULLED           |  |   |  |   |  |
| IF MARRIED, PLACE OF MARRIAGE  |  |   |  |   |  | DATE OF MARRIAGE  |  |
| LIMA, PERU, SOUTH AMERICA  |  |   |  |   |  | 12/14/1961  |  |
| IF DIVORCED, PLACE OF DIVORCE DECREE   |  |   |  |   |  | DATE OF DECREE  |  |
|  |  |   |  |   |  |   |  |
| IF WIDOWED, PLACE SPOUSE DIED  |  |   |  |   |  | DATE SPOUSE DIED  |  |
|  |  |   |  |   |  |   |  |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
| 3. MEMBERS OF FAMILY   |  |   |  |   |  |   |  |
| NAME(S) OF CHILDREN  |  | ADDRESS (No., Street, City, Zone, State)    |  |   |  | TELEPHONE NO.   |  |
|  |  | N.W.  |  |   |  | 265-8322  |  |
| NAME OF FATHER (Or male guardian)  |  | ADDRESS                                     |  |   |  | TELEPHONE NO.   |  |
|  |  | SAN JUAN, P.R.                              |  |   |  |   |  |
| NAME OF MOTHER (Or female guardian)  |  | ADDRESS                                     |  |   |  | TELEPHONE NO.   |  |
|  |  | SAN JUAN, P.R.                              |  |   |  |   |  |
| WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |  |   |  |   |  |   |  |
| NAME (Mr., Mrs., Miss)   |  | RELATIONSHIP                                |  |   |  |   |  |
| FLORES   |  | WIFE  |  |   |  |   |  |
| HOME ADDRESS (No., Street, City, Zone, State)  |  | HOME TELEPHONE NUMBER                       |  |   |  |   |  |
| WASHINGTON, D.C.   |  | 265-3322                                    |  |   |  |   |  |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE  |  | BUSINESS TELEPHONE & EXTENSION              |  |   |  |   |  |
| WASHINGTON, D.C.   |  | RF 7-5444                                   |  |   |  |   |  |
| IS THIS INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of person whom he believes you work for.)  |  |   |  |   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)   |  |   |  |   |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| KNOWS THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)   |  |   |  |   |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form. |  |   |  |   |  |   |  |
| CURRENT RESIDENCE AND DEPENDENCY REPORT  |  |   |  |   |  |   |  |

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(When Filled In)

|   |                       |               |
|---|-----------------------|---------------|
| <b>5. VOLUNTARY ENTRIES</b>   |                       |               |
| <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> |                       |               |
| <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p>  |                       |               |
| UNION TRUST CO., WASH., D.C. - DANIEL CR  | <input type="text"/>  | FLEET'S       |
| BANK OF CALIFORNIA, PORTLAND ORE, DANIEL CR   | <input type="text"/>  | FLEET'S       |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" where is document located?)</p>   |                       |               |
| <p>HAVE YOU PREPLANNED AN ASSIGNED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>  |                       |               |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>   |                       |               |
| <p><b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b></p> <div style="height: 300px; border: 1px solid black; margin-top: 5px;"></div>  |                       |               |
| SIGNED AT<br>Washington DC  | DATE<br>March 12 1962 | SIGNATURE<br> |

**CONFIDENTIAL**

☒ SECRET

☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

REQUEST FOR MEDICAL EVALUATION

12 Sept 77

APPLICANT HAS APPLIED FOR PREVIOUS MEDICAL EVALUATION  
YES ☒ NO ☐

NAME: Flores, Daniel

GRADE: 13

ASSIGNMENT: All

DDO/LA

5270

Ops Officer

13

DEPENDENT NAME (Last, First, Middle)

14

SOC SEC NO

15

RELATIONSHIP

16

PREVIOUSLY BEEN EVALUATED

[Redacted]

[Redacted]

[Redacted]

wife  
daughter

yes  
yes

20 REQUESTED ACTION (check all that apply)

|             |   |                  |            |                    |                                       |
|-------------|---|------------------|------------|--------------------|---------------------------------------|
| APPLICANT   | PRE EMPLOYMENT                            | STATION          | EDD        | STD STATUS (M/D/Y) | NO OF DEPENDENTS TO ACCOMPANY (M/D/Y) |
| ASSIGNMENTS | <input checked="" type="checkbox"/> USPCS | [Redacted]       | [Redacted] | 14 Oct 77          | 2                                     |
|             | <input type="checkbox"/> US TOV           | [Redacted]       | [Redacted] |                    |                                       |
|             | <input type="checkbox"/> US RETURNEE      |                  |            |                    |                                       |
|             | <input type="checkbox"/> US TOY STANDBY   |                  |            |                    |                                       |
| SEPARATION  | RETIREMENT                                | MDR/CIARDS       | MDR/CSG    |                    |                                       |
| ROUTINE     | REGULAR ANNUAL                            | EXECUTIVE ANNUAL | MPT/PHE    |                    |                                       |

21 COMMENTS  
Assignment to [Redacted] has been cancelled, Subject is now being considered for [Redacted]

22 REQUESTING OFFICER'S DIV: DDO/LA/PERS  
23 ROOM/BLOC: 30303 Jpg  
24 EXTENSION: 5270  
25 SIGNATURE OF REQUESTING OFFICER: [Redacted]

|  |      |           |       |         |  |  |  |  |  |
|--|------|-----------|-------|---------|--|--|--|--|--|
| FOR APPLICANTS   |      |           |       |         | FOR OMS USE ONLY   |  |  |  |  |
| <input type="checkbox"/> APPROVE PROCESSING FOR EDD  |      |           |       |         | DATE: [Redacted] OMS SIGNATURE: [Redacted]                   |  |  |  |  |
| <input type="checkbox"/> HOLD PENDING RECEIPT OF ADDITIONAL MEDICAL INFORMATION (Form 1000 attached) |      |           |       |         |  |  |  |  |  |
| <input type="checkbox"/> REQUEST PRE EMP MEDICAL EVALUATION  |      |           |       |         |  |  |  |  |  |
| <input type="checkbox"/> OTHER (specify):  |      |           |       |         |  |  |  |  |  |
| FOR OTHER ACTIONS  |      |           |       |         | QUALIFIED FOR OMS OCS MUST BE EVALUATED PRIOR TO FUTURE OCS. |  |  |  |  |
| REQUESTED ACTION   | QUAL | COND QUAL | DEFER | DISQUAL |  |  |  |  |  |
|  |      |           |       |         |  |  |  |  |  |
|  |      |           |       |         |  |  |  |  |  |
| DATE: [Redacted]   |      |           |       |         | DATE: 26 OCT 1977  |  |  |  |  |

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☐ SECRET

**SECRET**  
(When Filled In)

|  |  |   |                          |
|--|--|---|--------------------------|
| <b>REQUEST FOR MEDICAL EVALUATION</b>  |  | 1. DATE OF REQUEST<br><b>28 July 1976</b>   |                          |
| 2. NAME (Last, First, Middle)<br><b>Flores, Daniel</b> DOB: <span style="border: 1px solid black; padding: 0 20px;"> </span>   |  | 3. POSITION TITLE<br><b>Instructor</b>  | 4. GRADE<br><b>GS-12</b> |
| 5. OFFICE DIVISION BRANCH<br><b>OTR/FTD/OTB</b>  |  | 6. EMPLOYEE'S EXT.<br><b>5191</b>   |                          |
| 7. PURPOSE OF EVALUATION   |  |   |                          |
| <input type="checkbox"/> PRE-EMPLOYMENT<br><br><input type="checkbox"/> ENTRANCE ON DUTY<br><br><input checked="" type="checkbox"/> TDY STANDBY<br><br><input type="checkbox"/> SPECIAL TRAINING<br><br><input type="checkbox"/> ANNUAL<br><br><input type="checkbox"/> RETURN TO DUTY<br><br><input type="checkbox"/> FITNESS FOR DUTY<br><br><input type="checkbox"/> MEDICAL RETIREMENT |  | <input type="checkbox"/> HQGS/TDY<br><br><input type="checkbox"/> OVERSEAS ASSIGNMENT<br><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         ETD<br/><br/>         STATION<br/><br/>         TDY OR PCS<br/><br/>         TYPE OF COVER<br/><br/>         NO. OF DEPENDENTS TO ACCOMPANY<br/><br/>         NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS<br><br><div style="border: 1px solid black; padding: 5px;">         ETA<br/><br/>         STATION<br/><br/>         NO. OF DEP.'S       </div> |                          |
| 8. OVERSEAS PLANNING EVALUATION (One block must be checked)  |  | 9. REQUESTING OFFICER   |                          |
| <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO  |  | SIGNATURE<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |                          |
|  |  | HQ'S & BUILDING<br><b>6057 Hqs</b>  |                          |
|  |  | EXT.<br><b>5191</b>   |                          |
| 10. COMMENTS<br><br><p align="center"><b>Destination: World-Wide</b></p>   |  |   |                          |
| 11. REPORT OF EVALUATION<br><br><p align="center"><b>Qualified for TDY Standby until 1 August 1978.</b></p>  |  |   |                          |
| DATE<br><b>31 August 1976</b>  |  | SIGNATURE FOR CHIEF OF MEDICAL STAFF<br><div style="border: 1px solid black; padding: 0 20px;"> </div> <b>ONS/PEO</b>   |                          |

SECRET  
(When Filled In)

| REQUEST FOR MEDICAL EVALUATION                              |  | 1. DATE OF REQUEST   |
|---|--|--|
|   |  | 18 June 1976   |
| 2. NAME (Last, First, Middle)                               | 3. POSITION TITLE  | 4. GRADE   |
| Flores, Daniel  | Instructor   | GS-13  |
| 5. OFFICE DIVISION BRANCH                                   | 6. EMPLOYEE'S EXT.   |  |
| OTR/FTD/OTB   | 5191   |  |
| 7. PURPOSE OF EVALUATION                                    |  |  |
| <input type="checkbox"/> PRE-EMPLOYMENT                     | <input type="checkbox"/> HQS/TDY                           | <div>ETD</div> <div>STATION</div> <div>TDY OR PCS</div> <div>TYPE OF COVER</div> <div>NO. OF DEPENDENTS TO ACCOMPANY</div> <div>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</div> |
| <input type="checkbox"/> ENTRANCE ON DUTY                   | <input type="checkbox"/> OVERSEAS ASSIGNMENT               |  |
| <input checked="" type="checkbox"/> TDY STANDBY             |  |  |
| <input type="checkbox"/> SPECIAL TRAINING                   |  |  |
| <input type="checkbox"/> ANNUAL                             |  |  |
| <input type="checkbox"/> RETURN TO DUTY                     | <input type="checkbox"/> RETURN FROM OVERSEAS              |  |
| <input type="checkbox"/> FITNESS FOR DUTY                   | <div>ETA</div> <div>STATION</div> <div>NO. OF DEP.'S</div> |  |
| <input type="checkbox"/> MEDICAL RETIREMENT                 |  |  |
| 8. OVERSEAS PLANNING EVALUATION (One block must be checked) |  | 9. REQUESTING OFFICER  |
| <input type="checkbox"/> YES                                |  | SIGNATURE  |
| <input type="checkbox"/> NO                                 |  | ROOM NO. & BUILDING  |
|   |  | EXT.   |
|   |  | 6057 Hqs. 5191   |
| 10. COMMENTS  |  |  |
| 11. REPORT OF EVALUATION                                    |  |  |
| Qualified for TDY Standby until 1 August 1978.              |  |  |
| DATE  |  | SIGNATURE FOR CHIEF OF MEDICAL STAFF   |
| 31 August 1976  |  | QMS/PCO  |

FORM 259 USE PREVIOUS EDITIONS

SECRET

E 2 IMPDET CL BY 007622 1281

**SECRET**  
(When Filled In)

|  |  |   |                          |
|--|--|---|--------------------------|
| <b>REQUEST FOR MEDICAL EVALUATION</b>  |  | 1. DATE OF REQUEST<br><b>10 Mar 75</b>  |                          |
| 2. NAME (Last, First, Middle)<br><b>Flores, Daniel (NMN) 4-35</b>  |  | 3. POSITION TITLE<br><b>Ops Officer</b>   | 4. GRADE<br><b>GS-12</b> |
| 5. OFFICE DIVISION BRANCH<br><b>DDO/LA/COG</b>   |  | 6. EMPLOYEE'S EXT.<br><b>7265</b>   |                          |
| 7. PURPOSE OF EVALUATION   |  |   |                          |
| <input type="checkbox"/> PRE-EMPLOYMENT<br><br><input type="checkbox"/> ENTRANCE ON DUTY<br><br><input checked="" type="checkbox"/> TDY STANDBY<br><br><input type="checkbox"/> SPECIAL TRAINING<br><br><input type="checkbox"/> ANNUAL<br><br><input type="checkbox"/> RETURN TO DUTY<br><br><input type="checkbox"/> FITNESS FOR DUTY<br><br><input type="checkbox"/> MEDICAL RETIREMENT |  | <input type="checkbox"/> HQS/TDY<br><input type="checkbox"/> OVERSEAS ASSIGNMENT<br><br><div style="border: 1px solid black; padding: 2px;">         ETD<br/>         STATION<br/>         TDY OR PCS<br/>         TYPE OF COVER<br/>         NO. OF DEPENDENTS TO ACCOMPANY<br/>         NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div><br><input type="checkbox"/> RETURN FROM OVERSEAS<br><br><div style="border: 1px solid black; padding: 2px;">         ETA<br/>         STATION<br/>         NO. OF DEP.'S       </div> |                          |
| 8. OVERSEAS PLANNING EVALUATIONS (One block must be checked)   |  | 9. REQUESTING OFFICER   |                          |
| <input type="checkbox"/> YES<br><br><input type="checkbox"/> NO  |  | SIGNATURE<br><div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> <b>LA/Trng</b><br>ROOM NO. & BUILDING<br><b>3D5317 Hqs</b>   |                          |
|  |  | EXT.<br><b>7431</b>   |                          |
| 10. COMMENTS   |  |   |                          |
| 11. REPORT OF EVALUATION   |  |   |                          |
| Disposition deferred until subject fulfills medical requirements.  |  |   |                          |
| DATE<br><b>1 April 1975</b>  |  | SIGNATURE FOR CHIEF OF MEDICAL STAFF<br><div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> <b>OAS/Registrar</b>  |                          |

**SECRET**

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. NAME (Last, First, Middle)<br>Flores, Daniel  |  | 2. DATE OF BIRTH  |  | 3. GRADE<br>GS-10                         |  |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)<br>DDP/WIL  |  | 5. PRESENT POSITION<br>0376   |  | 6. EMPLOYEE EXTENSION<br>7431             |  |
| 7. PROPOSED STATION  |  | 8. PROPOSED POSITION (Title, Number, Grade)<br>Ops Officer/0636/GS-13 |  |   |  |
| 9. TYPE OF COVER AT NEW STATION  |  | 10. ESTIMATED DATE OF DEPARTURE<br>Sept 71                            |  | 11. NO. OF DEPENDENTS TO ACCOMPANY<br>two |  |
| 12. COMMENTS<br>Vice:<br>Please schedule appointments week of 31 May 1971/<br><br>Mr. Flores' Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station.<br><br>13. DATE OF REQUEST<br>11 Mar 71<br>OFFICIAL<br>14. ROOM NUMBER AND BUILDING<br>3D 5309<br>15. EXTENSION<br>Hqs 7431<br>16. OFFICE OF MEDICAL SERVICES DISPOSITION<br><br>17. OFFICE OF SECURITY DISPOSITION<br><br>18. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION<br>15 JUN 1971<br>QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS<br>Chairman, Overseas Candidate Review Panel |  |   |  |   |  |
| REQUEST FOR PCS OVERSEAS EVALUATION  |  |   |  |   |  |





**SECRET**  
(When Filled In)

|   |  |   |                          |
|---|--|---|--------------------------|
| <b>REQUEST FOR MEDICAL EVALUATION</b>   |  | 1. DATE OF REQUEST<br><b>11 Mar 71</b>  |                          |
| 2. NAME (Last, First, Middle)<br><b>Flores, Daniel (Dependents of)</b>  |  | 3. POSITION/TITLE<br><b>Ops Officer</b>   | 4. GRADE<br><b>OS-10</b> |
| 5. OFFICE DIVISION BRANCH<br><b>DDP/WIL</b>   |  | 6. EMPLOYEE'S EXT.<br><b>7431</b>   |                          |
| 7. PURPOSE OF EVALUATION  |  |   |                          |
| <input type="checkbox"/> PRE-EMPLOYMENT<br><br><input type="checkbox"/> ENTRANCE ON DUTY<br><br><input type="checkbox"/> TDY STANDBY<br><br><input type="checkbox"/> SPECIAL TRAINING<br><br><input type="checkbox"/> ANNUAL<br><br><input type="checkbox"/> RETURN TO DUTY<br><br><input type="checkbox"/> FITNESS FOR DUTY<br><br><input type="checkbox"/> MEDICAL RETIREMENT |  | <input type="checkbox"/> HQS/TDY<br><input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT<br><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         ETD<br/> <b>September 1971</b><br/>         STATION<br/> <div style="border: 1px solid black; height: 15px; width: 100%;"></div><br/>         TDY OR PCS<br/> <b>PCS</b><br/>         TYPE OF COVER<br/> <div style="border: 1px solid black; height: 15px; width: 100%;"></div><br/>         NO. OF DEPENDENTS TO ACCOMPANY<br/> <b>Two</b><br/>         NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS<br><br><div style="border: 1px solid black; padding: 5px;">         ETA<br/><br/>         STATION<br/><br/>         NO. OF DEP.'S       </div> |                          |
| 8. OVERSEAS PLANNING EVALUATION (One block must be checked)   |  | 9. REQUESTING OFFICER   |                          |
| <input checked="" type="checkbox"/> YES<br><br><input type="checkbox"/> NO  |  | SIGNATURE<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |                          |
|   |  | ROOM NO. & BUILDING<br><b>3D 5300 Hqs</b>   | EXT.<br><b>7431</b>      |

|   |                                      |
|---|--------------------------------------|
| 10. COMMENTS  |                                      |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: inline-block; vertical-align: middle;">wif<br/>dau</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Please schedule appointments week of 31 May 1971.</b></p> |                                      |
| 11. REPORT OF EVALUATION <b>Quartermaster for US PCS</b>  |                                      |
| <b>16-07H</b>   |                                      |
| DATE  | SIGNATURE FOR CHIEF OF MEDICAL STAFF |
|   |                                      |

SECRET

|  |   |   |  |
|--|---|---|--|
| 1. <b>PROPOSAL: Position</b> [redacted]  |   | 2. <b>PROPOSAL: Position</b> [redacted]   |  |
| 4. <b>OFFICE, DIVISION, BRANCH (OF OVERSEAS STATION AND</b><br>DIA/WH [redacted]   |   | 3. <b>PROPOSAL: POSITION</b><br>1076  | 5. <b>PROPOSAL: EXTENSION</b><br>7431        |
| 7. <b>PROPOSED STATION</b><br>[redacted]   |   | 8. <b>PROPOSED POSITION (Title, Number &amp; Grade)</b><br>Ops Officer/0630/GS-13 |  |
| 9. <b>TYPE OF COVER AT NEW STATION</b><br>[redacted]   |   | 10. <b>ESTIMATED DATE OF</b><br>September   | 11. <b>NO. OF DEPENDENTS TO</b><br>Accompany |
| 12. <b>COMMENTS</b><br><p>Vico: [redacted]<br/> Please schedule appointments week of 31 May 1971/</p> <p>Mr. Floren's Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station.</p> <p align="right">7</p> |   |   |  |
| 13. <b>DATE OF REQUEST</b><br>11 Mar 71  | 14. <b>SIGNATURE OF REQUESTING OFFICIAL</b><br>[redacted] | 15. <b>ROOM NUMBER AND BUILDING - G. EXTENSION</b><br>3D 5309 Bqs 7431            |  |
| 17. <b>OFFER: Qualified Overseas POS</b><br><p>11 June 1971 [redacted] OHS/pro</p>   |   |   |  |
| 18. <b>OFFICE OF SECURITY DISPOSITION</b>  |   |   |  |
| 19. <b>OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION</b>   |   |   |  |
| REQUEST FOR PCS OVERSEAS EVALUATION  |   |   |  |

**SECRET**

|  |                |  |  |
|--|----------------|--|--|
| 1. NAME (Last, First, Middle)<br><b>Flores, Daniel</b>   |                | 2. DATE OF BIRTH<br>[REDACTED]   | 3. GRADE<br><b>GS-08</b>                       |
| 4. OFFICE DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)<br><b>DDP/WII/4</b>  |                | 5. PRESENT POSITION<br><b>Ops Officer</b>                                | 6. EMPLOYEE EXTENSION<br><b>6815</b>           |
| 7. PROPOSED STATION<br>[REDACTED]  |                | 8. PROPOSED POSITION (Title, Number, Grade)<br><b>Ops Off 0376 GS-09</b> |  |
| 9. TYPE OF COVER AT NEW STATION<br>[REDACTED]  |                | 10. ESTIMATED DATE OF DEPARTURE<br><b>o/a 27 April 69</b>                | 11. NO. OF DEPENDENTS TO ACCOMPANY<br><b>1</b> |
| 12. COMMENTS<br><br><div style="display: flex; justify-content: space-between;"> <div> <p>VICE [REDACTED]</p> <p>[REDACTED]</p> <p><b>89'8 ATTACHED.</b></p> </div> <div style="text-align: right;"> <p><i>[Signature]</i></p> <p><b>10 MAR 1969</b></p> </div> </div> |                |  |  |
| 13. DATE OF REQUEST<br><b>6 March 1969</b>   | 14. [REDACTED] | 15. ROOM NUMBER AND BUILDING<br><b>3D5309 Hqs.</b>                       | 16. EXTENSION<br><b>6815</b>                   |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION   |                |  |  |
| 18. OFFICE OF SECURITY DISPOSITION   |                |  |  |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION<br><p><b>25 MAR 1969</b></p> <p>QUALIFIED: [REDACTED] <b>BT</b></p> <p>CHAIRMAN: [REDACTED]</p>  |                |  |  |
| <b>REQUEST FOR PCS OVERSEAS EVALUATION</b>   |                |  |  |

SECRET  
(When Filled In)

| REQUEST FOR MEDICAL EVALUATION   |   | 1. DATE OF REQUEST   |
|--|---|--|
| 2. NAME (Last, First, Middle)<br><b>Flores, Daniel (dependent)</b>                                       |   | 6 March 1969   |
| 3. POSITION TITLE<br><b>Ops Officer</b>  |   | 4. GRADE<br><b>GS-08</b>   |
| 5. OFFICE, DIVISION, BRANCH<br><b>DDP/WI/4</b>   |   | 6. EMPLOYEE'S EXT.<br><b>6815</b>  |
| 7. PURPOSE OF EVALUATION   |   |  |
| <input type="checkbox"/> PRE-EMPLOYMENT  | <input type="checkbox"/> TDY                            | <div>PTD<br/>o/a 27 April 1969</div> <div>STATION<br/>[ ]</div> <div>TDY OR PCS<br/>PCS</div> <div>TYPE OF COVER<br/>[ ]</div> <div>NO. OF DEPENDENTS TO ACCOMPANY<br/>1</div> <div>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 90) ATTACHED<br/>1</div> |
| <input type="checkbox"/> ENTRANCE ON DUTY  | <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT |  |
| <input type="checkbox"/> TDY STANDBY   | <input type="checkbox"/> RETURN FROM OVERSEAS           | <div>LTA<br/>[ ]</div> <div>STATION<br/>[ ]</div> <div>NO. OF DEP.'S<br/>[ ]</div>   |
| <input type="checkbox"/> SPECIAL TRAINING  |   |  |
| <input type="checkbox"/> ANNUAL  |   |  |
| <input type="checkbox"/> RETURN TO DUTY  |   |  |
| <input type="checkbox"/> FITNESS FOR DUTY  |   |  |
| <input type="checkbox"/> MEDICAL RETIREMENT  |   |  |
| 8. OVERSEAS PLANNING EVALUATION (One block must be checked)  |   | 9. REQUESTING OFFICER  |
| <input checked="" type="checkbox"/> YES  | SIGNATURE<br>[ ]  | WI/Personnel   |
| <input type="checkbox"/> NO  | ROOM NO. & BUILDING<br>3D5309 Hqs.                      | EXT.<br>6815   |
| 10. COMMENTS<br>Wife - [ ] - [ ]   |   |  |
| 11. REPORTING OFFICER QUALIFIED FOR PROPOSED OR PCS<br>DATE [ ] SIGNATURE FOR CHIEF OF MEDICAL STAFF [ ] |   |  |

**SECRET**

|  |   |  |  |
|--|---|--|--|
| 1. NAME (Last, First, Middle)<br><b>Flores, Daniel</b>   |   | 2. DATE OF BIRTH<br><div></div>  | 3. GRADE<br><b>GS-09</b>                       |
| 4. OFFICE, DIVISION, BRANCH (for overseas station and existing cover if lateral assignment)<br><b>DDP/WI/4</b>                           |   | 5. PRESENT POSITION<br><b>Ops Officer</b>                                | 6. EMPLOYEE EXTENSION<br><b>6815</b>           |
| 7. PROPOSED STATION<br><div></div>   |   | 8. PROPOSED POSITION (Title, Number, Grade)<br><b>Ops Off 0376 GS-09</b> |  |
| 9. TYPE OF COVER AT NEW STATION<br><div></div>   |   | 10. ESTIMATED DATE OF DEPARTURE<br><b>o/a 27 April 69</b>                | 11. NO. OF DEPENDENTS TO ACCOMPANY<br><b>1</b> |
| 12. COMMENTS<br><br><b>VICE</b> <div></div><br><div></div><br><b>89's ATTACHED.</b>  |   |  |  |
| 13. DATE OF REQUEST<br><b>6 March 1969</b>   | 14. SIGNATURE OF REQUESTING OFFICIAL<br><div></div> | 15. ROOM NUMBER AND BUILDING<br><b>3D6309 Hqs.</b>                       | 16. EXTENSION<br><b>6815</b>                   |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION<br><br><br>   |   |  |  |
| 18. OFFICE OF SECURITY DISPOSITION<br><br><br>   |   |  |  |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION<br><b>MEDICALLY QUALIFIED FOR PROPOSED OS PCS.</b><br><div></div><br><br><b>13 21 69</b> |   |  |  |
| <b>REQUEST FOR PCS OVERSEAS EVALUATION</b>   |   |  |  |

1.00

TRANS. SECTION

101-14248-25

CONFIDENTIAL  
(When Filled In)

| REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION  |  | 1. DATE  |  |
|--|--|--|--|
|  |  | 6 October 1961   |  |
| 2. NAME (Last) (First) (Middle)<br>FLORES, DANIEL  |  | 3. SEX<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                 |  |
| 4. ORGANIZATIONAL ASSIGNMENT<br>JDP/OPSER  |  | 5. POSITION, TITLE AND GRADE<br>File Clerk GS-C4   |  |
| 6. MEDICAL STAFF REQUESTED TO CHECK DESIRED ACTION BELOW, RETURN ORIGINAL COPY TO OFFICE OF PERSONNEL.   |  |  |  |
| <input type="checkbox"/> Approve Processing For E. O. D.   |  | <input checked="" type="checkbox"/> Hold Pending Receipt of Additional Medical Information (Form Letters Attached) |  |
| <input type="checkbox"/> Request Pre-Employment Medical Examination  |  | <input checked="" type="checkbox"/> Rejected For Medical Reasons   |  |
| 7. REMARKS<br><br>259 Forwarded as of 6 October 1961<br><br><div style="border: 1px solid black; height: 100px; width: 300px; margin-left: auto; margin-top: 20px;"></div> |  |  |  |

FORM NO. 570  
1 MAY 55

Obsolete Previous  
Editions

CONFIDENTIAL

(4)

**SECRET**  
(When Filled In)

## QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS**

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 447, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

|   |              |   |             |                          |   |  |
|---|--------------|---|-------------|--------------------------|---|--|
| <b>SECTION I BIOGRAPHIC AND POSITION DATA</b>   |              |   |             |                          |   |  |
| EMP. SER. NO.<br><b>036130</b>  |              | NAME (Last-First-Middle)<br><b>Flores, Daniel</b> |             |                          | DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  |
| <b>SECTION II EDUCATION</b>   |              |   |             |                          |   |  |
| <b>HIGH SCHOOL</b>  |              |   |             |                          |   |  |
| LAST HIGH SCHOOL ATTENDED   |              | ADDRESS (City, State, Country)                    |             | YEARS ATTENDED (From-To) |   | GRADUATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>COLLEGE OR UNIVERSITY STUDY</b>  |              |   |             |                          |   |  |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY  |              | SUBJECT   |             | YEARS ATTENDED FROM-TO   | DEGREE RECEIVED   | YEAR RECEIVED  |
|   |              | MAJOR   | MINOR       |                          |   |  |
| 1. <b>American University, Washington, DC</b>   |              | <b>Political Science</b>                          |             | <b>1962-1967</b>         | <b>B.A.</b>   | <b>1967</b>  |
| 2.  |              |   |             |                          |   |  |
| IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT. |              |   |             |                          |   |  |
| <b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>  |              |   |             |                          |   |  |
| NAME AND ADDRESS OF SCHOOL  |              | STUDY OR SPECIALIZATION                           |             | FROM                     | TO  | NO. OF MONTHS  |
|   |              |   |             |                          |   |  |
| <b>OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE</b>   |              |   |             |                          |   |  |
| NAME AND ADDRESS OF SCHOOL  |              | STUDY OR SPECIALIZATION                           |             | FROM                     | TO  | NO. OF MONTHS  |
|   |              |   |             |                          |   |  |
|   |              |   |             |                          |   |  |
| <b>SECTION III MARITAL STATUS</b>   |              |   |             |                          |   |  |
| 1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:   |              |   |             |                          |   |  |
| 2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)   |              |   |             |                          |   |  |
| 3. DATE OF BIRTH  |              | 4. PLACE OF BIRTH (City, State, Country)          |             |                          |   |  |
| 5. OCCUPATION   |              | 6. PRESENT EMPLOYER                               |             |                          |   |  |
| 7. CITIZENSHIP  |              | 8. FORMER CITIZENSHIP(S) COUNTRY(IES)             |             |                          | 9. DATE U.S. CITIZENSHIP ACQUIRED   |  |
| <b>SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>   |              |   |             |                          |   |  |
| NAME  | RELATIONSHIP | DATE AND PLACE OF BIRTH                           | CITIZENSHIP | PERMANENT RESIDENCE      |   |  |
| <input type="checkbox"/> ADD  |              |   |             |                          |   |  |
| <input type="checkbox"/> DELETE   |              |   |             |                          |   |  |
| <input type="checkbox"/> ADD  |              |   |             |                          |   |  |
| <input type="checkbox"/> DELETE   |              |   |             |                          |   |  |

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| SECTION V: GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |                               |                              |                       |                                     |                          |                          |                          |
|---|-------------------------------|------------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| NAME OF REGION OR COUNTRY                               | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY--CHECK ONE    |                          |                          |                          |
|   |                               |                              |                       | TRAVEL                              | STUDY                    | WORK ASSIGNMENT          | OTHER                    |
|   |                               |                              | JUL 30 '55            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                               |                              |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                               |                              |                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SECTION VI: TYPING AND STENOGRAPHIC SKILLS   |   |
|--|---|
| 1. TYPING (NPM) <input type="checkbox"/> 2. SHORTHAND (NPM) <input type="checkbox"/> | 3. INDICATE SHORTHAND SYSTEM USED--CHECK ALL APPROPRIATE ITEM<br><input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY: |

| SECTION VII: SPECIAL QUALIFICATIONS  |
|--|
| PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED |
|  |

| SECTION VIII: MILITARY SERVICE  |   |
|---|---|
| <b>CURRENT DRAFT STATUS</b>   |   |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | 2. NEW CLASSIFICATION   |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS   | 4. IF DEFERRED, GIVE REASON   |
| <b>MILITARY RESERVE, NATIONAL GUARD STATUS</b>  |   |
| CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG<br><input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD<br><input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD |   |
| 1. CURRENT RANK, GRADE OR RATE  | 2. DATE OF APPOINTMENT IN CURRENT RANK                                      |
| 3. EXPIRATION DATE OF CURRENT OBLIGATION  |   |
| 4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (ACTIVE) <input type="checkbox"/> STANDBY (INACTIVE) <input type="checkbox"/> M/TMD <input type="checkbox"/> DISCHARGED   |   |
| 5. MILITARY MOBILIZATION ASSIGNMENT   | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED                               |
| <b>MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)</b>   |   |
| NAME AND ADDRESS OF SCHOOL  | STUDY OR SPECIALIZATION   |
|   | DATE COMPLETED  |
|   | <input type="checkbox"/> RESIDENT <input type="checkbox"/> GARNET-SPONSORED |

| SECTION IX: PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS |  |                    |
|--|--|--------------------|
| NAME AND CHAPTER   | ADDRESS (Number, Street, City, State, Country) | DATE OF MEMBERSHIP |
|  |  | FROM TO            |
|  |  |                    |
|  |  |                    |
|  |  |                    |

| SECTION X: SIGNATURE  |
|---|
| <div style="display: flex; justify-content: space-between;"> <div> <p>DATE: 21 June 1961</p> </div> <div> <p>SIGNATURE: [Signature]</p> </div> </div> |

**SECRET**

NAME: FLORES, Daniel

DATE: 10/15/55

DATE OF BIRTH: 4-8-35

Date & Place of Birth: 4-8-35, San Marco, Texas

Non-degree

Wash. Sem.

THE AMERICAN COLLEGE  
WASHINGTON, DISTRICT OF COLUMBIA

SEX  
M  
F  
X

ADMISSION RECORD: Full Standing

PREVIOUS RECORD: San Marcos High School, Texas 5/55

TOOLS OF RESEARCH PASSED:

COMPREHENSIVE EXAMINATIONS PASSED:

| CATALOG NUMBER             | TITLE OF COURSE          | SEM. HOURS | GRADE | QUALITY POINTS |
|----------------------------|--------------------------|------------|-------|----------------|
| NEW STUDENT NUMBER         |                          |            |       |                |
| 10306                      | INTRO ACCOUNTING I       | 3          | C     | 3              |
| 37458                      | ADV SPANISH II           | 3          | A     | 9              |
| 53511                      | MODERN POLIT THEORY      | 3          | A     | 9              |
| SUMMER 1966                |                          |            |       |                |
| COLLEGE OF ARTS & SCIENCES |                          |            |       |                |
| 24531                      | RUSSIA SINCE 1917        | 3          | C     | 6              |
| 37559                      | ICHR ADV SPAN II         | 3          | B     | 6              |
| 47376                      | PROB RELIG THOUGHT       | 3          | C     | 3              |
| FALL 1966                  |                          |            |       |                |
| COLLEGE OF ARTS & SCIENCES |                          |            |       |                |
| 33450                      | CONTEMP INT POLIT        | 3          | B     | 6              |
| 33584                      | LATIN AMER SEM I         | 9          | A     | 27             |
| 37550                      | GOLDEN AGE NOVEL         | 3          | A     | 9              |
| 53548                      | GOV & POL LAT AMER       | 3          | C     | 3              |
| SPRING 1967                |                          |            |       |                |
| COLLEGE OF ARTS & SCIENCES |                          |            |       |                |
| 33440                      | INTERNATL LAW & ORGANIZA | 3          | B     | 6              |
| 33529                      | LAT AMER INTERNATL RELA  | 3          | A     | 9              |
| 37354                      | MODERN SPANISH DRAMA     | 3          | A     | 9              |
| 37551                      | SPANISH 19TH C NOVEL     | 3          | B     | 6              |
| 53150                      | U S POLITICAL SYSTEM I   | 3          | C     | 3              |

| TITLE OF COURSE |   | SEM. HOURS | GRADE | QUALITY POINTS |
|-----------------|---|------------|-------|----------------|
| FALL 62         |   |            |       |                |
| 11100           | INTRO ECONOMICS I                               | 3          | C     | 3              |
| 11100           | ENGLISH COMP I                                  | 3          | C     | 3              |
| 11100           | BACKGROUNDS CIV I                               | 3          | D     | 3              |
| 11100           | INTRO WORLD POL                                 | 3          | C     | 3              |
| SPR 63          |   |            |       |                |
| 11100           | INTRO ECONOMICS II                              | 3          | D     | 3              |
| 11100           | AMERICAN GOVT NATL                              | 3          | D     | 3              |
| 21101           | ENGLISH COMP II                                 | 3          | F     | 0              |
| 11101           | BACKGROUNDS CIV II                              | 3          | C     | 3              |
| FALL 1963       |   |            |       |                |
| 31101           | COMP & READING II                               | 3          | B     | 6              |
| 31102           | ECON ANAL INCOME                                | 3          | F     | 0              |
| SPRING 1964     |   |            |       |                |
| 11101           | INTRO PHILOSOPHY                                | 3          | C     | 3              |
| 11101           | INTRO GOVT ST & LOG                             | 3          | F     | 0              |
| SPRING 1965     |   |            |       |                |
| 11101           | INTRO BIOLOGY                                   | 3          | C     | 3              |
| 11102           | INTRO POL SCI POWRS                             | 3          | B     | 6              |
| 11101           | INTRO PHILOSOPHY                                | 3          | C     | 3              |
| 11100           | STATE GOVERNMENT                                | 3          | B     | 6              |
| SUMMER 1965     |   |            |       |                |
| 11100           | INTRO SCIENCES                                  | 3          | B     | 6              |
| 11100           | INTRO NEW TESTAMENT (Course cancelled by Univ.) | 3          | B     | 6              |
| FALL 1965       |   |            |       |                |
| 11100           | INTRO LINGUISTICS 460-48-6230                   | 3          | A     | 9              |
| 11100           | INTRO LATIN AMER                                | 3          | C     | 3              |
| 11100           | INTRO RELIGION                                  | 3          | C     | 3              |
| 11100           | INTRO GOVT CORPUS                               | 3          | C     | 3              |
| 11100           | INTRO POLIT THEORY                              | 3          | C     | 3              |
| 11100           | INTRO PSYCHOLOGY                                | 3          | D     | 3              |
| SPRING 1966     |   |            |       |                |
| 11100           | INTRO ARTS & SCIENCES                           | 3          | A     | 9              |
| 11100           | INTRO POL 1966                                  | 3          | A     | 9              |
| 11100           | INTRO POL 1966                                  | 3          | A     | 9              |

Admitted Spring 1966, Fall 1966.

JUL 12 1967

*John E. Sullivan*

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FORM

OFFICIAL USE ONLY - NOT TO BE RELEASED

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

|                            |  |                               |   |                                      |
|----------------------------|--|-------------------------------|---|--------------------------------------|
| 1. EMP. SER. NO.<br>086130 | 2. NAME (Last, First, Middle)<br>FLORES DANIEL | 3. SEX<br>M                   | 4. DATE OF BIRTH<br>[Redacted]            | 5. SCHEDULE, GRADE, STEP<br>GS-05-04 |
| 6. SO<br>D                 | 7. POSITION/TITLE<br>INTELLIGENCE CLERK        | 8. OFFICE OF ASSIGNMENT<br>WH | 9. LOCATION (Agency, City)<br>WASH., D.C. |                                      |

SECTION II

AGENCY OVERSEAS SERVICE

| AREA                | TYPE TOUR | FROM | TO |
|---------------------|-----------|------|----|
| NO OVERSEAS SERVICE |           |      |    |

SECTION III

EDUCATION

| DEGREE                      | MAJOR FIELD | SCHOOL | YEAR |
|-----------------------------|-------------|--------|------|
| NO COLLEGE DEGREE ON RECORD |             |        |      |

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FORM 100-10 (Rev. 1-60)

07 MAY 1960

10-111

# SECRET

When Filled In

| SECTION III   |                                |                        |                           |  |  |                                   |
|---|--------------------------------|------------------------|---------------------------|--|--|-----------------------------------|
| EDUCATION (Cont'd)  |                                |                        |                           |  |  |                                   |
| HIGH SCHOOL   |                                |                        |                           |  |  |                                   |
| LAST HIGH SCHOOL ATTENDED   | ADDRESS (City, State, Country) | YEARS ATTENDED From To |                           |  | GRADUATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                   |
| COLLEGE OR UNIVERSITY STUDY   |                                |                        |                           |  |  |                                   |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY  | SUBJECT                        |                        | YEARS ATTENDED<br>FROM TO | DEGREE<br>RECEIVED                             | YEAR<br>RECEIVED   | NO. SEM / QTR<br>(MRS. (Specify)) |
|   | MAJOR                          | MINOR                  |                           |  |  |                                   |
| 1 The American University<br>Washington, D.C.   | Pol. Sci.                      | Spanish<br>Literature  | 1962 -<br>1967            | A degree will<br>be conferred<br>in July 1967. |  | 114<br>Sem. hrs.                  |
| 2   |                                |                        |                           |  |  |                                   |
| 3   |                                |                        |                           |  |  |                                   |
| 4   |                                |                        |                           |  |  |                                   |
| 5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT |                                |                        |                           |  |  |                                   |
|   |                                |                        |                           |  |  |                                   |
| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS   |                                |                        |                           |  |  |                                   |
| NAME AND ADDRESS OF SCHOOL  | STUDY OR SPECIALIZATION        |                        | FROM                      | TO   | NO. OF MONTHS  |                                   |
| 1   |                                |                        |                           |  |  |                                   |
| 2   |                                |                        |                           |  |  |                                   |
| 3   |                                |                        |                           |  |  |                                   |
| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE  |                                |                        |                           |  |  |                                   |
| NAME AND ADDRESS OF SCHOOL  | STUDY OR SPECIALIZATION        |                        | FROM                      | TO   | NO. OF MONTHS  |                                   |
| 1   |                                |                        |                           |  |  |                                   |
| 2   |                                |                        |                           |  |  |                                   |
| 3   |                                |                        |                           |  |  |                                   |
| 4   |                                |                        |                           |  |  |                                   |
| 5   |                                |                        |                           |  |  |                                   |
| AGENCY SPONSORED EDUCATION  |                                |                        |                           |  |  |                                   |
| Specify which of any of the education shown in Section III was Agency sponsored   |                                |                        |                           |  |  |                                   |
| NAME AND ADDRESS OF SCHOOL  | STUDY OR SPECIALIZATION        |                        | FROM                      | TO   | NO. OF MONTHS  |                                   |
| 1   |                                |                        |                           |  |  |                                   |
| 2   |                                |                        |                           |  |  |                                   |
| 3   |                                |                        |                           |  |  |                                   |
| 4   |                                |                        |                           |  |  |                                   |
| 5   |                                |                        |                           |  |  |                                   |

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*(When Filled In)*

| SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |   |                              |                             |                       |        |       |                          |
|---|---|------------------------------|-----------------------------|-----------------------|--------|-------|--------------------------|
| NAME OF REGION OR COUNTRY                               | TYPE OF SPECIALIZED KNOWLEDGE                   | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY       | KNOWLEDGE ACQUIRED BY |        |       | CHECK IF WORK ASSIGNMENT |
|   |   |                              |                             | FIELD OF WORK         | TRAVEL | STUDY |                          |
| Bolivia   | Economic, topographic, cultural and political.  | Nov. 1959-<br>Jan. 1960      | American Univ.<br>1962-1967 | X                     |        | X     |                          |
| Peru  | Topographic, cultural, and political.           | Jan. 1960-<br>Nov. 1960      | American Univ.<br>1962-1967 | X                     |        | X     |                          |
| Latin America in general.                               | Economic, topographic, cultural, and political. |                              | American Univ.<br>1962-1967 |                       |        | X     |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |
|   |   |                              |                             |                       |        |       |                          |

| SECTION V TYPING AND STENOGRAPHIC SKILLS  |                    |  |  |
|---|--------------------|--|--|
| 1. TYPING (WPM)<br>45   | 2. SHORTHAND (WPM) | 3. INDICATE SHORTHAND SYSTEM USED. CHECK IN APPROPRIATE ITEM.<br><input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER, SPECIFY |  |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comparator, mimeograph, card punch, etc.) |                    |  |  |

| SECTION VI SPECIAL QUALIFICATIONS   |   |
|---|---|
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.  |   |
| 2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW speed, sending & receiving), OFFSET PRESS, TURRET LATHE, LOP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES. |   |
| 3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <span style="float:right"><input type="checkbox"/> YES<br/><input type="checkbox"/> NO</span>                        |   |
| 4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number, if known)  | 5. FIRST LICENSE/CERTIFICATE year of issue<br>6. LATEST LICENSE/CERTIFICATE year of issue |
| 7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. do NOT submit copies unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (see Annex for article types, general interest subjects, novels, short stories, etc.)   |   |
| 8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED  |   |
| 9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE  |   |

**SECRET**

when filled in.

**SECRET**  
**- 7 -**

SECRET  
(When Filled In)

|   |  |             |     |      |              |           |             |
|---|--|-------------|-----|------|--------------|-----------|-------------|
| LANGUAGE DATA RECORD  |  |             |     |      |              |           |             |
| PART I-GENERAL  |  |             |     |      |              |           |             |
| 1. NAME (Last-First-Middle)<br><i>ENCRES, RONIEL</i>  | 2. DATE OF BIRTH (7-10)<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>                              | MONTH       | DAY | YEAR |              |           |             |
| MONTH   | DAY  | YEAR        |     |      |              |           |             |
|   |  |             |     |      |              |           |             |
| 3. LANGUAGE (11-33)<br><i>SPANISH 720</i>   | 4. TODAY'S DATE (14-12)<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td><i>MARCH</i></td> <td><i>12</i></td> <td><i>1962</i></td> </tr> </table> | MONTH       | DAY | YEAR | <i>MARCH</i> | <i>12</i> | <i>1962</i> |
| MONTH   | DAY  | YEAR        |     |      |              |           |             |
| <i>MARCH</i>  | <i>12</i>  | <i>1962</i> |     |      |              |           |             |
| 5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE   |  |             |     |      |              |           |             |
| PART II-LANGUAGE ELEMENTS   |  |             |     |      |              |           |             |
| SECTION A. Reading (40)   |  |             |     |      |              |           |             |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.   |  |             |     |      |              |           |             |
| <input checked="" type="radio"/> 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.  |  |             |     |      |              |           |             |
| 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.   |  |             |     |      |              |           |             |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS; NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.   |  |             |     |      |              |           |             |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE.   |  |             |     |      |              |           |             |
| SECTION B. Writing (41)   |  |             |     |      |              |           |             |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.                                |  |             |     |      |              |           |             |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. |  |             |     |      |              |           |             |
| <input checked="" type="radio"/> 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.                                     |  |             |     |      |              |           |             |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.   |  |             |     |      |              |           |             |
| 5. I CANNOT WRITE IN THE LANGUAGE.  |  |             |     |      |              |           |             |
| SECTION C. Pronunciation (42)   |  |             |     |      |              |           |             |
| <input checked="" type="radio"/> 1. MY PRONUNCIATION IS NATIVE.   |  |             |     |      |              |           |             |
| 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.   |  |             |     |      |              |           |             |
| 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.  |  |             |     |      |              |           |             |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.  |  |             |     |      |              |           |             |
| 5. I HAVE NO SKILL IN PRONUNCIATION.  |  |             |     |      |              |           |             |
| CONTINUE ON REVERSE SIDE  |  |             |     |      |              |           |             |

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D. Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

March 13, 1962

SIGNATURE

David S. Lee

1461

1471



|   |           |                               |  |  |               |
|---|-----------|-------------------------------|--|--|---------------|
| DO NOT USE THIS SPACE   |           | PERSONAL HISTORY STATEMENT    |  | THIS DATE: 8 JAN 6, 1961   |               |
| INSTRUCTIONS  |           |                               |  |  |               |
| <p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be determined from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully: illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p> |           |                               |  |  |               |
| SECTION I GENERAL PERSONAL AND PHYSICAL DATA  |           |                               |  |  |               |
| 1. FULL NAME (Last-First-Middle)  |           | 2. AGE                        |  | 3. SEX   |               |
| FLURES, Daniel  |           | 26                            |  | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |               |
| 4. HEIGHT   | 5. WEIGHT | 6. COLOR OF EYES              | 7. COLOR OF HAIR   | 8. TYPE COMPLEXION   | 9. TYPE BUILD |
| 5' 8"   | 165 lbs.  | Brown                         | Black  | Dark   | Medium        |
| 10. SCARS (Type and Location) Right cheek, one-half inch scar; left upper lip, one-quarter inch scar; both received playing football  |           |                               |  |  |               |
| 11. OTHER DISTINGUISHING PHYSICAL FEATURES  |           |                               |  |  |               |
| None  |           |                               |  |  |               |
| 12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)  |           |                               | 13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. |  |               |
| Washington 8, D. C.   |           |                               | - Washington 8, D.C.   |  |               |
| 14. CURRENT PHONE NO.   |           | 15. OFFICE PHONE NO. (EXT.)   |  | 16. LEGAL RESIDENCE (State, Territory or Country)                        |               |
| 265-8322  |           | None                          |  | Washington, District of Columbia   |               |
| 17. NICKNAMES   |           | 18. OTHER NAMES YOU HAVE USED |  |  |               |
| Dan   |           | None                          |  |  |               |
| 19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES  |           |                               |  |  |               |
| Personal acquaintances - twelve years   |           |                               |  |  |               |
| 20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what Authority)   |           |                               |  |  |               |
| NA  |           |                               |  |  |               |
| SECTION II POSITION DATA  |           |                               |  |  |               |
| 1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING   |           |                               |  |  |               |
| Any phase of communications; administration; or personnel work.   |           |                               |  |  |               |
| 2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).   |           |                               |  |  |               |
| \$ 4,200.00   |           |                               |  |  |               |
| 3. DATE AVAILABLE FOR EMPLOYMENT  |           |                               |  |  |               |
| Immediately   |           |                               |  |  |               |
| 4. INDICATE YOUR WILLINGNESS TO TRAVEL  |           |                               |  |  |               |
| <input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER:  |           |                               |  |  |               |
| 5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)   |           |                               |  |  |               |
| <input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):   |           |                               |  |  |               |
| <input checked="" type="checkbox"/> OUTSIDE CONTINENTAL U.S.  |           |                               |  |  |               |
| 6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.   |           |                               |  |  |               |
| I would be willing to travel within the United States provided said travel would not involve a permanent move whereby my legal residence would be changed. However, it is my wish to live overseas on a permanent basis.  |           |                               |  |  |               |



|   |  |                                       |  |                                |  |
|---|--|---------------------------------------|--|--------------------------------|--|
| DATE OF BIRTH   |  | PLACE OF BIRTH (City, State, Country) |  | PRESENT CITIZENSHIP (Country)  |  |
| [REDACTED]  |  | SAN MARCO, TEXAS                      |  | [REDACTED]                     |  |
| CITIZENSHIP ACQUIRED BY   |  | DATE NATURALIZED                      |  | NATURALIZATION CERTIFICATE NO. |  |
| BIRTH   |  | MARRIAGE                              |  | OTHER (Specify)                |  |
| [REDACTED]  |  | [REDACTED]                            |  | [REDACTED]                     |  |
| COURT ISSUED NATURALIZATION CERTIFICATE   |  | ISSUED AT (City, State, Country)      |  | [REDACTED]                     |  |
| [REDACTED]  |  | [REDACTED]                            |  | [REDACTED]                     |  |
| HAVE YOU HELD PREVIOUS NATIONALITY  |  | IF YES, GIVE NAME OF COUNTRY          |  | [REDACTED]                     |  |
| YES   |  | NO                                    |  | [REDACTED]                     |  |
| [REDACTED]  |  | [REDACTED]                            |  | [REDACTED]                     |  |
| GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.   |  | [REDACTED]                            |  | [REDACTED]                     |  |
| [REDACTED]  |  | [REDACTED]                            |  | [REDACTED]                     |  |
| HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP  |  | YES                                   |  | GIVE PARTICULARS               |  |
| [REDACTED]  |  | NO                                    |  | [REDACTED]                     |  |
| IF YOU HAVE APPLIED FOR US CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.) |  | [REDACTED]                            |  | [REDACTED]                     |  |
| DATE OF ARRIVAL IN US   |  | PORT OF ENTRY                         |  | ON PASSPORT OF WHAT COUNTRY    |  |
| [REDACTED]  |  | [REDACTED]                            |  | [REDACTED]                     |  |
| LAST US VISA (No., Type, Place of Issue)  |  | DATE VISA ISSUED                      |  | [REDACTED]                     |  |
| [REDACTED]  |  | [REDACTED]                            |  | [REDACTED]                     |  |

| I. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED                      |  |  |                    |                  |                   |
|---|--|--|--------------------|------------------|-------------------|
| <input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE               | <input type="checkbox"/> OVER TWO YEARS OF COLLEGE NO DEGREE     |  |                    |                  |                   |
| <input type="checkbox"/> HIGH SCHOOL GRADUATE                         | <input type="checkbox"/> BACHELOR'S DEGREE                       |  |                    |                  |                   |
| <input type="checkbox"/> TRADE BUSINESS OR COMMERCIAL SCHOOL GRADUATE | <input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE |  |                    |                  |                   |
| X <input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS       | <input type="checkbox"/> MASTER'S DEGREE                         | <input type="checkbox"/> DOCTOR'S DEGREE |                    |                  |                   |
| <b>2 ELEMENTARY SCHOOL</b>  |  |  |                    |                  |                   |
| A. NAME OF ELEMENTARY SCHOOL  |  | B. ADDRESS (City, State, Country)        |                    |                  |                   |
| San Marcos Elementary School  |  | San Marcos, Texas, U.S.A.                |                    |                  |                   |
| C. DATES ATTENDED From and To   |  | D. GRADUATE                              |                    |                  |                   |
| Sept., 1942 - May, 1951   |  | YES NO                                   |                    |                  |                   |
| <b>3 HIGH SCHOOL</b>  |  |  |                    |                  |                   |
| A. NAME OF HIGH SCHOOL  |  | B. ADDRESS (City, State, Country)        |                    |                  |                   |
| San Marcos High School  |  | San Marcos, Texas, U.S.A.                |                    |                  |                   |
| C. DATES ATTENDED From and To   |  | D. GRADUATE                              |                    |                  |                   |
| Sept., 1951 - May, 1955   |  | YES NO                                   |                    |                  |                   |
| E. NAME OF HIGH SCHOOL  |  | F. ADDRESS (City, State, Country)        |                    |                  |                   |
|   |  |  |                    |                  |                   |
| G. DATES ATTENDED From and To   |  | H. GRADUATE                              |                    |                  |                   |
|   |  | YES NO                                   |                    |                  |                   |
| <b>4 COLLEGE OR UNIVERSITY STUDY</b>                                  |  |  |                    |                  |                   |
| A. NAME AND LOCATION OF COLLEGE OR UNIVERSITY                         | B. DATE ENTERED  | C. DATES ATTENDED                        | D. DEGREE RECEIVED | E. DATE RECEIVED | F. TYPE OF DEGREE |
|   |  |  |                    |                  |                   |
|   |  |  |                    |                  |                   |
|   |  |  |                    |                  |                   |
|   |  |  |                    |                  |                   |
|   |  |  |                    |                  |                   |

SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED, WITH A WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT

NA

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | MONTHS |
|----------------------------|-------------------------|------|----|--------|
| NA                         |                         |      |    |        |
|                            |                         |      |    |        |
|                            |                         |      |    |        |

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

| NAME AND ADDRESS OF SCHOOL  | STUDY OR SPECIALIZATION | FROM    | TO       | MONTHS  |
|---|-------------------------|---------|----------|---------|
| Marine Security Guard School - Wanderson Hall<br>Hq. Marine Corps,<br>Washington 25, D.C. | Security Guard Training | 9/22/58 | 10/31/58 | (5 wks) |
|   |                         |         |          |         |

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

Weapons Training in Marine Corps.  
Acted as partisan during cold weather training at Bridgeport,  
California (Pickle Meadows - TCMC).

SECTION V

FOREIGN LANGUAGE ABILITIES

| 1. LANGUAGE<br>(List below each language in which you possess any degree of competence. Indicate your proficiency in Read, Write or Speak by placing a check (X) in the appropriate boxes.) | COMPETENCE - IN ORDER LISTED |          |         |          |         | HOW ACQUIRED |                |                     |                             |
|---|------------------------------|----------|---------|----------|---------|--------------|----------------|---------------------|-----------------------------|
|   | R-Read                       |          | W-Write |          | S-Speak |              | NATIVE COUNTRY | PROLONGED RESIDENCE | CONTACT WITH PERSONS (etc.) |
|   | FLUENT                       | MODERATE | FLUENT  | MODERATE | FLUENT  | MODERATE     |                |                     |                             |
| Spanish   | X                            |          | X       |          |         |              |                |                     | X                           |
|   |                              |          |         |          |         |              |                |                     |                             |
|   |                              |          |         |          |         |              |                |                     |                             |
|   |                              |          |         |          |         |              |                |                     |                             |

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQ." INDICATE LENGTH AND INTENSIVENESS OF STUDY

NA

3. IF YOU HAVE CHECKED "FLUENT" FOR A LANGUAGE MARKED "S" IN FLUENT DIFFERENCES IN SPEECH AND OR FORM FROM ENGLISH YOUR COMMENTS ARE:

NA

4. DESCRIBE YOUR ABILITY TO INTERPRET, TRANSLATE OR ACT AS AN INTERPRETER AT ANY LEVEL, OR IN THE FIELD OF: ENGINEERING, POLITICAL, COMMUNICATIONS, MEDICAL, AND OTHER SPECIALIZED STUDIES

Could act as literal interpreter at almost any level.

5. IF YOU HAVE CHECKED "FLUENT" FOR A LANGUAGE MARKED "S" IN FLUENT DIFFERENCES IN SPEECH AND OR FORM FROM ENGLISH YOUR COMMENTS ARE:

| SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL  |                               |                              |                          |  |        |       |      |
|--|-------------------------------|------------------------------|--------------------------|--|--------|-------|------|
| 1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.   |                               |                              |                          |  |        |       |      |
| NAME OF REGION OR COUNTRY  | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE OR TRAVEL | DATES AND PLACE OF STUDY | KNOWLEDGE ACQUIRED BY                                |        |       |      |
|  |                               |                              |                          | RESIDENCE  | TRAVEL | STUDY | WORK |
| Bolivia  | General knowledge             | 11/11/58 to 1/1/60           |                          | X  |        |       |      |
| Peru   | General knowledge             | 1/1/60 to 11/30/60           |                          | X  |        |       |      |
| Chile  |                               | 6/15/59 to 6/21/59           |                          |  | X      |       |      |
| Argentina  |                               | 6/21/59 to 6/30/59           |                          |  | X      |       |      |
| Uruguay  |                               | 6/30/59 to 7/2/59            |                          |  | X      |       |      |
| 2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.   |                               |                              |                          |  |        |       |      |
| Marine Security Guard - American Embassy - Bolivia and Peru<br>Vacation - Chile; Argentina; Uruguay; Panama  |                               |                              |                          |  |        |       |      |
| 3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED  |                               |                              |                          |  |        |       |      |
| No. 174850 (SP-35575) Passport has been cancelled.   |                               |                              |                          |  |        |       |      |
| SECTION VII TYPING AND STENOGRAPHIC SKILLS   |                               |                              |                          |  |        |       |      |
| 1. TYPING (wpm)  |                               | 2. SHORTHAND (wpm)           |                          | 3. SHORTHAND SYSTEM USED - CHECK AS APPROPRIATE ITEM |        |       |      |
| 45 wpm   |                               | None                         |                          | SHELLS   SHERIDAN   SHORTHAND   OTHER - Specify      |        |       |      |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Computers, Mimeograph, Card Punch, Etc.).  |                               |                              |                          |  |        |       |      |
| Thermofax, mimeograph, switchboard   |                               |                              |                          |  |        |       |      |
| SECTION VIII SPECIAL QUALIFICATIONS  |                               |                              |                          |  |        |       |      |
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.   |                               |                              |                          |  |        |       |      |
| Football - good<br>Basketball - fair<br>Swimming - good<br>Reading - average<br>Contract Bridge - very good  |                               |                              |                          |  |        |       |      |
| 2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.  |                               |                              |                          |  |        |       |      |
| None to my knowledge   |                               |                              |                          |  |        |       |      |
| 3. INCLUDING EQUIPMENT OR MACHINES WHICH YOU MAY HAVE USED IN YOUR SPECIAL FIELD, LIST ANY SPECIAL SKILLS YOU POSSESS RELATIVE TO OTHERS IN YOUR FIELD. POINT OUT MACHINES SUCH AS OPERATING OR MAINTAINING MACHINES (Index card, speed, banding and recording, OFFICE PRESS, TUBEST LATHE, ELECTRIC, AND PROFESSIONAL DEVICES). |                               |                              |                          |  |        |       |      |
| None   |                               |                              |                          |  |        |       |      |

|   |  |
|---|--|
| SECTION VIII CONTINUED FROM PAGE 1  |  |
| 6. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY OF THE FOLLOWING PROFESSIONS, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, OR MEDICAL TECHNICIAN, ETC.? YES NO   |  |
| 7. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE (Include License/Registry Number, if known).   |  |
| NA  |  |
| 8. FIRST LICENSE OR CERTIFICATE (Year of issue)   | 9. LATEST LICENSE OR CERTIFICATE (Year of issue)     |
| NA  | NA   |
| 10. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. (Name, address, telephone, etc., of publisher, title, publication date, and type of writing (Non-Fiction or Scientific articles, Technical literature, Novels, Short Stories, Etc.).  |  |
| None  |  |
| 11. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED   |  |
| None  |  |
| 12. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE  |  |
| Have spoken in my father's church and other churches approximately 150 times. Met and assisted public in Embassies during my tour of duty with the Marine Security Guard.   |  |
| 13. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.   |  |
| None  |  |
| SECTION IX EMPLOYMENT HISTORY   |  |
| NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment in last 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a federal government, regardless of date. In completing item 6, "Description of Duties," consider your experience carefully and provide meaningful, concise statements. |  |
| 1. INCLUDE DATE (From and To) by year and month   | 2. NAME OF EMPLOYER (Full name)                      |
| From 1949 to 1953   | Hillburn's Drug Store                                |
| 3. ADDRESS (No. street, City, State, Country)   |  |
| San Marcos, Texas   |  |
| 4. KIND OF BUSINESS   | 5. NAME OF SUPERVISOR                                |
| Drug Store  | Mr. [redacted]                                       |
| 6. TITLE OF JOB   | 7. SALARY OR BARN (If CLASS GRADE or Federal Income) |
| Fountain attendant  | \$12.00 per month                                    |
| 8. DESCRIPTION OF DUTIES  |  |
| Employee at soda counter  |  |
| 10. REASONS FOR LEAVING   |  |
| To participate in school events (football).   |  |

| SECTION II - CONTINUED FROM PAGE 1                                  |   |
|---|---|
| 1. INCLUSIVE DATES: From and To - By No. and St.                    | 2. NAME OF EMPLOYING FIRM OR AGENCY                       |
| July 1955 - June 1956   | Diamond Grocery Store                                     |
| 3. ADDRESS (No., Street, City, State, Country)                      |   |
| South Guadalupe St. San Marcos, Texas                               |   |
| 4. KIND OF BUSINESS   | 5. NAME OF SUPERVISOR                                     |
| Grocery Store   | Mr. [ ]   |
| 6. TITLE OF JOB   | 7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service) |
| Butcher   | \$20.00 PER WEEK  |
| 9. DESCRIPTION OF DUTIES  |   |
| Slaughtering and preparing meat for sale as well as actual selling. |   |
| 10. REASONS FOR LEAVING   |   |
| To attend college?  |   |
| 1. INCLUSIVE DATES: From and To - By No. and St.                    | 2. NAME OF EMPLOYING FIRM OR AGENCY                       |
| May, 1955 - September, 1955   | San Marcos Baptist Academy                                |
| 3. ADDRESS (No., Street, City, State, Country)                      |   |
| San Marcos, Texas   |   |
| 4. KIND OF BUSINESS   | 5. NAME OF SUPERVISOR                                     |
| Private School  | Mr. [ ]   |
| 6. TITLE OF JOB   | 7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service) |
| Painter's Assistant   | \$15.00 PER WEEK  |
| 9. DESCRIPTION OF DUTIES  |   |
| Painted dormitories in the Academy                                  |   |
| 10. REASONS FOR LEAVING   |   |
| To attend school  |   |
| 1. INCLUSIVE DATES: From and To - By No. and St.                    | 2. NAME OF EMPLOYING FIRM OR AGENCY                       |
| September, 1956 - July, 1957  | Economy Department Stores                                 |
| 3. ADDRESS (No., Street, City, State, Country)                      |   |
| San Marcos, Texas   |   |
| 4. KIND OF BUSINESS   | 5. NAME OF SUPERVISOR                                     |
| Clothing Store  | Mr. [ ]   |
| 6. TITLE OF JOB   | 7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service) |
| Sales Clerk   | \$30.00 PER WEEK  |
| 9. DESCRIPTION OF DUTIES  |   |
| Assisted customers in selecting and buying goods.                   |   |
| 10. REASONS FOR LEAVING   |   |
| To join the Marine Corps.   |   |
| 1. INCLUSIVE DATES: From and To - By No. and St.                    | 2. NAME OF EMPLOYING FIRM OR AGENCY                       |
| July 25, 1957 - July 25, 1961                                       | United States Marine Corps                                |
| 3. ADDRESS (No., Street, City, State, Country)                      |   |
| Marine Corps Schools, Quantico, Virginia                            |   |
| 4. KIND OF BUSINESS   | 5. NAME OF SUPERVISOR                                     |
| Military  | [ ]   |
| 6. TITLE OF JOB   | 7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service) |
| Marine Corps Museum Attendant                                       | \$100.00 PER MONTH Spt. (E-4)                             |

SECTION II - CONTINUED FROM PAGE 1

| SECTION II (CONTINUED FROM PAGE 1)  |  |   |   |
|---|--|---|---|
| <p>Acted as guide to all visitors entering Museum, explaining Marine Corps history, etc. Also on several occasions acted as interpreter for visiting military personnel from Latin America.</p>   |  |   |   |
| <p>Discharged</p>   |  |   |   |
| <p>1. INCLUSIVE DATES (From and To - Month and Year)</p> <p>July 28, 1961 - August 30, 1961</p>   |  | <p>2. NAME OF EMPLOYING AGENCY</p> <p>Ohio Valley Engineering Company</p> |   |
| <p>3. ADDRESS (No., Street, City, State, Country)</p> <p>3. Capital and I Streets, S. W., Washington, D. C.</p>   |  |   |   |
| <p>4. KIND OF BUSINESS</p> <p>Construction</p>  |  | <p>5. NAME OF SUPERVISOR</p> <p>Mr. [REDACTED]</p>                        |   |
| <p>6. TITLE OF JOB</p> <p>Laborer</p>   |  | <p>7. SALARY OR EARNINGS</p> <p>\$ 2.17 per hour</p>                      | <p>8. CLASS, GRADE (If Federal Service)</p> |
| <p>9. DESCRIPTION OF DUTIES</p> <p>Handyman for Company</p>   |  |   |   |
| <p>10. REASONS FOR LEAVING</p> <p>Temporary work while seeking permanent employment.</p>  |  |   |   |
| <p>1. INCLUSIVE DATES (From and To - Month and Year)</p>  |  | <p>2. NAME OF EMPLOYING AGENCY</p>  |   |
| <p>3. ADDRESS (No., Street, City, State, Country)</p>   |  |   |   |
| <p>4. KIND OF BUSINESS</p>  |  | <p>5. NAME OF SUPERVISOR</p>  |   |
| <p>6. TITLE OF JOB</p>  |  | <p>7. SALARY OR EARNINGS</p>  | <p>8. CLASS, GRADE (If Federal Service)</p> |
| <p>9. DESCRIPTION OF DUTIES</p>   |  |   |   |
| <p>10. REASONS FOR LEAVING</p>  |  |   |   |
| <p>11. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF ANY</p> <p>7 1/2 years</p>   |  |   |   |
| <p>12. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS</p> <p>Honorably discharged from United States Marine Corps.</p> |  |   |   |

| SECTION X  |      | MILITARY SERVICE   |           |
|--|------|--|-----------|
| 1. CURRENT DRAFT STATUS  |      |  |           |
| 1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1964 (AS AMENDED)?                                    |      | 2. SELECTIVE SERVICE CLASSIFICATION  |           |
| YES  |      | 3. SELECTIVE SERVICE NO.   |           |
| NO   |      | 4. LOCAL DRAFT NO. AND NO. OR DESIGNATION AND ADDRESS                                  |           |
| 5. IF DEFERRED, GIVE REASON  |      | 6. DATE OF DEFERMENT   |           |
| NA   |      | 7. DATE OF DEFERMENT   |           |
| 2. MILITARY SERVICE RECORDS  |      |  |           |
| 3. CURRENT AND OR PAST ORGANIZATION, MEMBERSHIP  |      |  |           |
| CHECK (X) AS APPROPRIATE   | ARMY | NAVY   | AIR FORCE |
|  |      |  |           |
| HAVE SERVED  |      |  |           |
| NOW SERVING  |      |  |           |
| 4. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)  |      |  |           |
| Personnel Administration   |      |  |           |
| 5. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)   |      | 6. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past or Current service) |           |
| 25 July, 1961  |      | 7. DATE  |           |
| 8. DATE ENTERED ACTIVE DUTY  |      | 9. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION                     |           |
| 26 July, 1957  |      | 10. DATE   |           |
| 7. RANK, GRADE OR RATE   |      | 8. SERVICE SERIAL OR FILE NUMBER (If now serving, provide current number)              |           |
| Capt. (E-4)  |      | 11. DATE   |           |
| 9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE  |      | 10. CURRENT SERVICE  |           |
| O-11 - Chief Clerk   |      | 11. DATE   |           |
| 10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE   |      | 11. CURRENT SERVICE  |           |
| None   |      | 12. DATE   |           |
| 11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)  |      |  |           |
| Past Service: Clerk - Maintained personnel service records. 2 years as Security Guard in the American Embassies in La Paz, Bolivia and Lima, Peru. |      |  |           |
| 12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY  |      |  |           |
| X HONORABLE DISCHARGE  |      | RETIREMENT FOR SERVICE   |           |
| X RELEASE TO INACTIVE DUTY   |      | RETIREMENT FOR COMBAT DISABILITY   |           |
| RETIREMENT FOR AGE   |      | OTHER:   |           |
| 13. CHECK (X) COMPONENT IN WHICH YOU SERVED  |      |  |           |
| X REGULAR  |      | X RESERVE (Including the National and Air National Guard)                              |           |
| OTHER (Including AFS)  |      |  |           |
| 3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS  |      |  |           |
| 1. DO YOU NOW HAVE RESERVE STATUS?   |      | 2. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR AIR NATIONAL GUARD?                   |           |
| YES  |      | YES  |           |
| NO   |      | NO   |           |
| 3. ARE YOU NOW A MEMBER OF THE ROTC?   |      | YES  |           |
| YES  |      | NO   |           |
| 4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW   |      |  |           |
| ARMY   |      | MARINE CORPS   |           |
| NAVY   |      | AIR FORCE  |           |
| NAT'L GUARD  |      | COAST GUARD  |           |
| AIR NAT'L GUARD  |      | ARMY ROTC  |           |
| AIR FORCE ROTC   |      | NAT'L GUARD ROTC   |           |
| 5. CURRENT RANK, GRADE OR RATE   |      | 6. DATE OF APPOINTMENT   |           |
| Capt. (E-4)  |      | 1959   |           |
| 7. EXPIRATION DATE OF CURRENT RESERVE ORL CONTRACT   |      | 1962   |           |
| 8. CHECK (X) CURRENT RESERVE CATEGORY  |      | READY RESERVE  |           |
| STANDBY ACTIVE   |      | STANDBY INACTIVE   |           |
| 9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE  |      | 10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Use or Designation) AND TITLE           |           |
| O-11   |      | None   |           |
| 11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES   |      |  |           |
| None   |      |  |           |
| 12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L GUARD OR ROTC TRAINING UNIT?  |      |  |           |
| YES  |      |  |           |
| 13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS   |      |  |           |
| 14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?   |      |  |           |
| YES  |      |  |           |
| 15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS   |      |  |           |
| 16. INDICATE TOTAL MILITARY SERVICE YEARS MONTHS   |      |  |           |
| 7 7  |      |  |           |
| 17. WHERE ARE YOUR SERVICE RECORDS KEPT?   |      |  |           |
| Washington, D.C.   |      |  |           |



| SECTION XI  |  | FINANCIAL STATUS  |  |
|---|--|---|--|
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SPOUSE?   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 2. IF YOUR ANSWER IS "YES" TO THE ABOVE, STATE SOURCE(S) OF OTHER INCOME  |  |   |  |
| Wife's income   |  |   |  |
| 3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS  |  |   |  |
| NAME OF INSTITUTION   | ADDRESS (City, State, Country)                   |   |  |
| The Bank of California, N.A.  | 330 S.W. 5th Avenue,<br>Portland, Oregon         |   |  |
| Union Trust Company   | 15 and H Streets, N.W.,<br>Washington, D.C.      |   |  |
| 4. HAVE YOU EVER BEEN IN OR DEPORTED FOR NARCOTICS?   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS INCLUDING COURT AND DATE(S)   |  |   |  |
| 6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES  |  |   |  |
| NAME  | ADDRESS (No., Street, City, State)               |   |  |
| General Motors Acceptance Corp.   | 1310 S.W. Yamhill Street,<br>Portland 5, Oregon  |   |  |
| Gulf Oil Corporation  | P.O. Box 72-5,<br>Atlanta 9, Georgia             |   |  |
| Hinde Furniture Company   | 917 Carolina Street,<br>Fredericksburg, Virginia |   |  |
| 7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS   |  |   |  |
| 9. DO YOU HAVE ANY FINANCIAL INTEREST IN OR OFFICIAL CONNECTIONS WITH ANY U.S. CORPORATION OR BUSINESSES, OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?   |  |   |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    (If answer "YES", furnish details on separate sheet.)  |  |   |  |
| SECTION XII   |  | MARITAL STATUS  |  |
| 1. PRESENT STATUS (Single, Married, Divorced, Separated, Divorced or Annulled, Specific Marriage)   |  |   |  |
| 2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS   |  |   |  |
| NA  |  |   |  |
| WIFE, HUSBAND OR FIANCE If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancee |  |   |  |
| 1. NAME (First) (Middle) (Last)<br><div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 2px;"></div> Florence   |  |   |  |
| 2. STATE ANY OTHER NAMES EVER USED<br><div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 2px;"></div>   |  |   |  |
| 3. DATE OF MARRIAGE    4. PLACE OF MARRIAGE (City, State, Country)<br>November 14, 1960    Lima, Peru   |  |   |  |
| 5. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No. Street City State Country)   |  |   |  |
| American Embassy, La Paz, Bolivia   |  |   |  |
| 6. LIVING    7. DATE OF DEATH    8. CAUSE OF DEATH<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |  |
| 9. CURRENT ADDRESS (City, State, Country) (If none, leave blank)  |  |   |  |
| Washington 2, D.C.  |  |   |  |
| 10. DATE OF BIRTH    11. PLACE OF BIRTH (City, State, Country)    12. CITIZENSHIP<br><div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 2px;"></div> Portland, Oregon    United States of A.  |  |   |  |

| SECTION XII CONTINUED FROM PAGE 9  |  |  |             |   |
|--|--|--|-------------|---|
| 14. IF BORN OUTSIDE U.S. - DATE OF ENTRY   |  | 15. PLACE OF ENTRY   |             |   |
| NA   |  | NA   |             |   |
| 16. FORMER CITIZENSHIP(S) (Country, Date)  |  | 17. DATE U.S. CITIZENSHIP WAS ACQUIRED (City, State, Country)  |             |   |
| NA   |  | NA   |             |   |
| 18. OCCUPATION   |  | 19. PRESENT EMPLOYER (Name and address of employer, if employed; if deceased or unemployed, give last employer)  |             |   |
| Legal Secretary  |  | Boydin and De Francis<br>Formerly: Department of State   |             |   |
| 20. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country)  |  |  |             |   |
| 1000 16th St., N.W., Suite 601, Washington, D.C.   |  |  |             |   |
| 21. DATES OF MILITARY SERVICE (From and to - by No. and Yr.)   |  |  |             |   |
| None   |  |  |             |   |
| 22. BRANCH OF SERVICE  |  | 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED   |             |   |
|  |  |  |             |   |
| 24. DETAILS OF OTHER GOVERNMENT SERVICE (U.S. OR FOREIGN) (From and to - by No. and Yr.)   |  |  |             |   |
| 1960: Civil Service - Jan., 1953 - Oct., 1960  |  |  |             |   |
| SECTION XIII CHILDREN AND OTHER DEPENDENTS   |  |  |             |   |
| 1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS   |  |  |             |   |
| NAME   | RELATIONSHIP                             | DATE AND PLACE OF BIRTH  | CITIZENSHIP | ADDRESS                                   |
| None   |  |  |             |   |
|  |  |  |             |   |
|  |  |  |             |   |
|  |  |  |             |   |
|  |  |  |             |   |
|  |  |  |             |   |
|  |  |  |             |   |
| 2. NUMBER OF CHILDREN (including from children and adopted children) who are UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING. |  | 3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, grandparents, etc.) who are UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.  |             |   |
| 0  |  | 0  |             |   |
| SECTION XIV FATHER (Give same information as for Self and add whether he is a native born)   |  |  |             |   |
| 1. FULL NAME (Last-First-Middle)   |  | 2. LIVING  |             | 3. DATE OF DEATH                          |
|  |  | Y YES  |             | NO  |
| 4. STATE OTHER NAMES HE HAS USED   |  | 5. INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF NAME CHANGE, GIVE PARTICULARS, where and by what authority. USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION. |             |   |
| None   |  |  |             |   |
| 6. CURRENT ADDRESS - Give last address, if deceased: No., Street, City, State, Country   |  |  |             |   |
| SAN MARINO, TEXAS  |  |  |             |   |
| 7. DATE OF BIRTH   | 8. PLACE OF BIRTH (City, State, Country) | 9. CITIZENSHIP   |             |   |
|  | MEXICO                                   | MEX  |             |   |
| 10. IF BORN OUTSIDE U.S. - DATE OF ENTRY   |  | 11. PLACE OF ENTRY   |             |   |
| May 24, 1913   |  | MEXICO   |             |   |
| 12. FORMER CITIZENSHIP(S) (Country, Date)  |  | 13. DATE U.S. CITIZENSHIP WAS ACQUIRED   |             | 14. WHERE ACQUIRED (City, State, Country) |
| Mexican  |  | 1937   |             | San Marino, Texas                         |
| 15. OCCUPATION   |  | 16. PRESENT EMPLOYER (Name and address of employer, if employed; if deceased or unemployed, give last employer)  |             |   |
| Baptist Minister   |  | Mexican Baptist Church   |             |   |
| 17. EMPLOYER'S BUSINESS ADDRESS (No. Street, City, State, Country)   |  |  |             |   |
| SAN MARINO, TEXAS  |  |  |             |   |
| 18. DATE OF DEATH (If deceased, give date and place of death; if living, leave blank)  |  |  |             | 19. COUNTRY                               |
| To my knowledge never served in any military organization  |  |  |             |   |
| 20. DETAILS OF OTHER GOVERNMENT SERVICE (U.S. OR FOREIGN)  |  |  |             |   |

| SECTION XV MOTHER (Give name and date in the Supplement in separate sheet)                 |  |   |                   |
|--|--|---|-------------------|
| 1. FULL NAME (Last-First-Middle)   | 2. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 3. DATE OF DEATH  | 4. CAUSE OF DEATH |
| 5. STATE OTHER NAMES SHE HAS USED<br>None to my knowledge                                  |  | INDICATE CIRCUMSTANCES including length of time under which she has EVER USED THESE NAMES IF LEGAL CHANGE. GIVE PARTICULARS where and by what authority. USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION. |                   |
| 6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)    |  |   |                   |
| San Marcos, Texas  |  |   |                   |
| 7. DATE OF BIRTH   | 8. PLACE OF BIRTH (City, State, Country)   | 9. CITIZENSHIP  |                   |
|  | San Ysidro, Nuevo Leon, Mexico   | Mexican   |                   |
| 10. IF BORN OUTSIDE U.S. - DATE OF ENTRY   |  | 11. PLACE OF ENTRY  |                   |
| Unknown  |  | Unknown   |                   |
| 12. FORMER CITIZENSHIP(S) (Country)  | 13. DATE U.S. CITIZENSHIP ACQUIRED   | 14. WHERE ACQUIRED (City, State, Country)   |                   |
| NA   | NA   | NA  |                   |
| 15. OCCUPATION<br>Housewife  |  | 16. PRESENT EMPLOYER (Give last employer, if worker is deceased or unemployed)  |                   |
|  |  | NA  |                   |
| 17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED              |  |   |                   |
| NA   |  |   |                   |
| 18. DATES OF MILITARY SERVICE (From-and-To)  | 19. BRANCH OF SERVICE  | 20. COUNTRY   |                   |
| NA   | NA   | NA  |                   |
| 21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN                                   |  |   |                   |
| NA   |  |   |                   |
| SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters) |  |   |                   |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Sister   | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 11                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Sister   | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 39                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Sister   | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Marcos, Texas  |  |   | 24                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Brother  | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 12                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Brother  | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 20                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Sister   | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 24                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Brother  | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 20                |
| 1. FULL NAME (Last-First-Middle)   | 2. RELATIONSHIP  | 3. CITIZENSHIP (Country)  |                   |
|  | Brother  | U.S. of America   |                   |
| 4. CURRENT ADDRESS (No., Street, City, State, Country)                                     |  | 5. LIVING<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 6. AGE            |
| San Antonio, Texas   |  |   | 20                |

| SECTION XVII   |   | FATHER-IN-LAW   |                   |
|--|---|---|-------------------|
| 1. FULL NAME (Last, first, middle)                             | 2. LIVING   | 3. DATE OF DEATH  | 4. CAUSE OF DEATH |
| <div>Ray</div>   | <div>X</div> YES <div>NO</div>  |   |                   |
| 5. STATE OTHER NAMES HE HAS USED                               |   | INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS WHERE and by what authority. USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION. |                   |
| 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) |   |   |                   |
| <div>Wilmaux, 22, Oregon</div>                                 |   |   |                   |
| 7. DATE OF BIRTH   | 8. PLACE OF BIRTH (City, State, Country)  | 9. CITIZENSHIP  |                   |
| <div></div>  | <div>Minot, North Dakota</div>  | <div>U.S. of America</div>  |                   |
| 10. IF BORN OUTSIDE U.S. - DATE OF ENTRY                       |   | 11. PLACE OF ENTRY  |                   |
| <div>NA</div>  |   | <div>NA</div>   |                   |
| 12. FORMER CITIZENSHIP(S) (Country)                            | 13. DATE U.S. CITIZENSHIP ACQUIRED  | 14. WHERE ACQUIRED (City, State, Country)   |                   |
| <div>NA</div>  | <div>NA</div>   | <div>NA</div>   |                   |
| 15. OCCUPATION   | 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) |   |                   |
| <div>Warehouse Foreman</div>                                   | <div>Rudy Wilhelm Inc., Portland, Ore. on</div>                                       |   |                   |

| SECTION XVIII  |   | MOTHER-IN-LAW  |                   |
|--|---|--|-------------------|
| 1. FULL NAME (Last, first, middle)                             | 2. LIVING   | 3. DATE OF DEATH   | 4. CAUSE OF DEATH |
| <div></div>  | <div>X</div> YES <div>NO</div>  |  |                   |
| 5. STATE OTHER NAMES SHE HAS USED                              |   | INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS WHERE and by what authority. USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION. |                   |
| 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) |   |  |                   |
| <div>Portland 36, Oregon</div>                                 |   |  |                   |
| 7. DATE OF BIRTH   | 8. PLACE OF BIRTH (City, State, Country)  | 9. CITIZENSHIP   |                   |
| <div></div>  | <div>Portland, Oregon</div>   | <div>U.S. of America</div>   |                   |
| 10. IF BORN OUTSIDE U.S. - DATE OF ENTRY                       |   | 11. PLACE OF ENTRY   |                   |
| <div>NA</div>  |   | <div>NA</div>  |                   |
| 12. FORMER CITIZENSHIP(S) (Country)                            | 13. DATE U.S. CITIZENSHIP ACQUIRED  | 14. WHERE ACQUIRED (City, State, Country)  |                   |
| <div>NA</div>  | <div>NA</div>   | <div>NA</div>  |                   |
| 15. OCCUPATION   | 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) |  |                   |
| <div>Homemaker</div>   |   |  |                   |

| SECTION XIX   |                         |                         |  |
|---|-------------------------|-------------------------|--|
| RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT |                         |                         |  |
| 1. FULL NAME (Last, first, middle)  | 2. RELATIONSHIP         | 3. AGE                  |  |
| <div>None to my knowledge</div>   |                         |                         |  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |                         | 5. EMPLOYED BY          |  |
| <div></div>   |                         | <div></div>             |  |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT | 8. DATE OF LAST CONTACT |  |
| <div></div>   | <div></div>             | <div></div>             |  |
| 1. FULL NAME (Last, first, middle)  | 2. RELATIONSHIP         | 3. AGE                  |  |
| <div></div>   |                         |                         |  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |                         | 5. EMPLOYED BY          |  |
| <div></div>   |                         | <div></div>             |  |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT | 8. DATE OF LAST CONTACT |  |
| <div></div>   | <div></div>             | <div></div>             |  |
| 1. FULL NAME (Last, first, middle)  | 2. RELATIONSHIP         | 3. AGE                  |  |
| <div></div>   |                         |                         |  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |                         | 5. EMPLOYED BY          |  |
| <div></div>   |                         | <div></div>             |  |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT | 8. DATE OF LAST CONTACT |  |
| <div></div>   | <div></div>             | <div></div>             |  |
| 1. FULL NAME (Last, first, middle)  | 2. RELATIONSHIP         | 3. AGE                  |  |
| <div></div>   |                         |                         |  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |                         | 5. EMPLOYED BY          |  |
| <div></div>   |                         | <div></div>             |  |
| 6. CITIZENSHIP (Country)  | 7. FREQUENCY OF CONTACT | 8. DATE OF LAST CONTACT |  |
| <div></div>   | <div></div>             | <div></div>             |  |

SECTION VII CONTINUED FROM PAGE 12

8. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION SIX ABOVE

NA

SECTION XX

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

|  |                 |        |                 |
|--|-----------------|--------|-----------------|
| 1. NAME (Last-First-Middle)                    | 2. RELATIONSHIP | 3. AGE | 4. CITIZENSHIP  |
| [Redacted]                                     | Brother-in-law  | 24     | U.S. of America |
| 5. ADDRESS (No., Street, City, State, Country) |                 |        |                 |
| [Redacted] Pueblo, Colorado                    |                 |        |                 |
| 1. NAME (Last-First-Middle)                    | 2. RELATIONSHIP | 3. AGE | 4. CITIZENSHIP  |
| [Redacted]                                     | 2nd Cousin      | 18     | U.S. of America |
| 5. ADDRESS (No., Street, City, State, Country) |                 |        |                 |
| [Redacted] Virginia Aviation - 1st S. B. 11110 |                 |        |                 |
| 1. NAME (Last-First-Middle)                    | 2. RELATIONSHIP | 3. AGE | 4. CITIZENSHIP  |
| [Redacted]                                     |                 |        |                 |
| 5. ADDRESS (No., Street, City, State, Country) |                 |        |                 |
| [Redacted]                                     |                 |        |                 |

SECTION XXI

REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES NOT RELATIVES IN THE U.S. WHO KNOW YOU INTIMATELY

| NAME<br>(Last-First-Middle) | BUSINESS ADDRESS<br>(No., Street, City and State) | RESIDENCE ADDRESS<br>(No., Street, City and State) |
|-----------------------------|---|--|
| Mr. and Mrs. [Redacted]     | San Antonio, Texas                                | San Antonio, Texas                                 |
| Rev. [Redacted]             | Austin, Texas                                     | Austin, Texas                                      |
| Mr. [Redacted]              | Alexandria, Va.                                   | Alexandria, Virginia                               |
| Mr. [Redacted]              | Washington, D.C.                                  | Washington, D.C.                                   |
| Col. [Redacted]             | Washington, D.C.                                  | Washington, D.C.                                   |

2. LIST FIVE PERSONS IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES, SUPERVISORS OR EMPLOYERS

| NAME<br>(Last-First-Middle) | BUSINESS ADDRESS<br>(No., Street, City and State) | RESIDENCE ADDRESS<br>(No., Street, City and State) |
|-----------------------------|---|--|
| Mr. [Redacted]              | Washington, D.C.                                  | Washington, D.C.                                   |
| Mr. [Redacted]              | Washington, D.C.                                  | Washington, D.C.                                   |
| Miss [Redacted]             | Washington, D.C.                                  | Washington, D.C.                                   |
| Miss [Redacted]             | Washington, D.C.                                  | Washington, D.C.                                   |
| Mrs. [Redacted]             | Washington, D.C.                                  | Washington, D.C.                                   |

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT SCHOOL RESIDENCE IN THE U.S.

| NAME<br>(Last-First-Middle) | BUSINESS ADDRESS<br>(No., Street, City and State) | RESIDENCE ADDRESS<br>(No., Street, City and State) |
|-----------------------------|---|--|
| Miss [Redacted]             | Fredericksburg, Virginia                          | Fredericksburg, Virginia                           |
| Lt. and Mrs. [Redacted]     | Fredericksburg, Virginia                          | Fredericksburg, Virginia                           |

SECTION XXII CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (include membership in or support of any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

| NAME AND CHAPTER            | ADDRESS<br>(Number, Street, City, State, Country) | DATES OF MEMBERSHIP |          |
|-----------------------------|---|---------------------|----------|
|                             |   | FROM                | TO       |
| Spanish Club                | San Marcos High School,<br>San Marcos, Texas      | Sept., 1951         | May 1955 |
| Distributive Education Club | San Marcos High School,<br>San Marcos, Texas      | Sept., 1951         | May 1955 |
| Baptist Youth Organization  | First Mexican Baptist<br>Church, San Marcos, Tex. | Jan., 1957          | 1957     |
|                             |   |                     |          |
|                             |   |                     |          |
|                             |   |                     |          |
|                             |   |                     |          |
|                             |   |                     |          |
|                             |   |                     |          |
|                             |   |                     |          |
|                             |   |                     |          |

SECTION XXIII RESIDENCES FOR THE PAST 15 YEARS

| ADDRESS - LAST RESIDENCE FIRST<br>(Number, Street, City, State, Country)    | INCLUSIVE DATES |             |
|---|-----------------|-------------|
|   | FROM            | TO          |
| 4716 Kenmore Ave., #201, Alexandria, Virginia                               | March 1961      | Aug., 1961  |
| 102 Haxover St., Fredericksburg, Virginia                                   | Dec., 1960      | Mar., 1961  |
| 172 Bartolomea Way, Miraflores, Lima, Peru                                  | Jan., 1960      | May., 1960  |
| 8318 Building, 3rd & 4th Floors, La Paz, Bolivia                            | Nov., 1959      | Jan., 1960  |
| 7th Company, Headquarters Marine Corps, Henderson Hall, Washington 25, D.C. | Sept., 1959     | May., 1960  |
| Cold Weather Training Battalion, Pickle Weavers, Bridgeport, California     | Jan., 1959      | Aug., 1960  |
| Marine Corps Base, 23 Palms, California                                     | Dec., 1958      | Jan., 1959  |
| Marine Corps Recruit Depot, San Diego, California                           | July, 1957      | Nov., 1957  |
| Marine Corps Base, Camp Pendleton, California                               | Nov., 1956      | Dec., 1957  |
| 501 S. Guadalupe St., San Marcos, Texas                                     | May 1956        | July, 1957  |
| Howard Payne College, Brownwood, Texas                                      | Sept., 1955     | May, 1956   |
| 501 S. Guadalupe St., San Marcos, Texas                                     | 1955            | Sept., 1955 |
|   |                 |             |
|   |                 |             |

| SECTION XXIV  |  | ADDITIONAL INFORMATION   |  |
|---|--|--|--|
| <p>1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER BEEN EMPLOYED OR BEEN ASSOCIATED WITH ANY OF THE FOLLOWING INSTITUTIONS OR ORGANIZATIONS WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES, BY FORCE, VIOLENCE OR OTHER ILLEGAL MEANS OR SEVERE FORCE OR VIOLENCE TO CERTAIN PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> |  |  |  |
| <p>2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN:</p><br>  |  |  |  |
| <p>3. DO YOU USE OR HAVE YOU EVER USED "INTOCANS"?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>   |  | <p>4. IF SO, TO WHAT EXTENT?</p>   |  |
| <p>5. DO YOU USE OR HAVE YOU EVER USED "NANCOS"?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>   |  | <p>6. IF SO, TO WHAT EXTENT?</p>   |  |
| <p>7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE COMPLETE DETAILS</p>  |  |  |  |
| <p>8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1945:</p> <p style="padding-left: 40px;">I served 4 years in the United States Marine Corps.</p>   |  |  |  |
| <p>9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.</p> <p style="padding-left: 40px;">An investigation (I do not know by whom) was conducted prior to my departure for Bolivia where I was assigned to the American Embassy. This investigation took place during August and September of 1953.</p>  |  |  |  |
| <p><b>NOTE SPECIAL:</b> If your answer to "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.</p>  |  |  |  |
| <p>10. HAVE YOU, OR TO YOUR KNOWLEDGE, HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MOTOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?</p> <p>IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.</p>  |  | <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> |  |
| <p>11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.</p>  |  | <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> |  |
| <p>12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.</p>   |  | <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> |  |
| SECTION XXV   |  | PERSON TO BE NOTIFIED IN CASE OF EMERGENCY                                 |  |
| <p>1. NAME (First-Middle-Last)</p> <p>Mrs. Daniel Flores</p>  |  | <p>2. RELATIONSHIP</p> <p>Wife</p>   |  |
| <p>3. HOME ADDRESS (No. Street, City, State, Country)</p> <p>Washington 6, D.C.</p>   |  | <p>4. HOME PHONE NO.</p> <p>365-8100</p>                                   |  |
| <p>5. BUSINESS ADDRESS (No. Street, City, State, Country) - INDICATE NAME OF FIRM OR, EMPLOYER, IF APPLICABLE</p> <p>Boydin and De Francis<br/>1000 15th St., Suite 603, Washington 6, D.C.</p>   |  | <p>6. BUSINESS PHONE NO. &amp; EXT.</p> <p>DI 7-5444</p>                   |  |
| <p>7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Mother, Father) MAY ALSO BE NOTIFIED IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS. IF TRUE, EXPLAIN.</p> <p>In all cases wife: Relative, Mrs. <span style="border: 1px solid black; padding: 0 20px;"> </span><br/>Seguin, Texas Telephone FR 9-1007</p>   |  |  |  |

10.

| SECTION XVII   |  | CERTIFICATION |  |           |                            |        |        |                                      |        |
|--|--|---------------|--|-----------|----------------------------|--------|--------|--------------------------------------|--------|
| <p><b>YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.</b></p> <p><small>I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission is a material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).</small></p> |  |               |  |           |                            |        |        |                                      |        |
| <p><small>DATE OF SIGNATURE</small></p> <p><i>September 5, 1961</i></p> <p><small>SIGNED AT (City and State)</small></p> <p>Washington, District of Columbia</p>   | <p><small>SIGNATURE OF APPLICANT</small></p> <p><i>Daniel Flores</i></p> <p><small>PRINTED NAME OF APPLICANT</small></p> <p>[Redacted]</p> |               |  |           |                            |        |        |                                      |        |
| <p><small>NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates. Sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.</small></p>  |  |               |  |           |                            |        |        |                                      |        |
| <p><b>MARITAL STATUS:</b> Item #4, Section XII<br/> September 1, 1956 to October 6, 1956. Married to Lt. Col. [Redacted]<br/> [Redacted] in Portland, Oregon, by Circuit Court Judge. Used name of MORAN until November 14, 1960, when changed to Flores.</p>  |  |               |  |           |                            |        |        |                                      |        |
| <p><b>FATHER-IN-LAW:</b> Item #5, Section XVII<br/> Short name for Raymond</p>   |  |               |  |           |                            |        |        |                                      |        |
| <p><b>GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL:</b> Item #1, Section VI</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Argentina</td> <td style="width: 30%;">2 July 1959 to 3 July 1959</td> <td style="width: 40%;">Travel</td> </tr> <tr> <td>Panama</td> <td>10 November 1958 to 13 November 1958</td> <td>Travel</td> </tr> </table>   |  |               |  | Argentina | 2 July 1959 to 3 July 1959 | Travel | Panama | 10 November 1958 to 13 November 1958 | Travel |
| Argentina  | 2 July 1959 to 3 July 1959   | Travel        |  |           |                            |        |        |                                      |        |
| Panama   | 10 November 1958 to 13 November 1958   | Travel        |  |           |                            |        |        |                                      |        |
| <p>SEE ATTACHED SHEET FOR PERTINENT INFORMATION RELATIVE TO STEP-MOTHER.</p>   |  |               |  |           |                            |        |        |                                      |        |
| <p>Signed at Washington, D. C., this <u>7th</u> day of September, 1961.</p>  |  |               |  |           |                            |        |        |                                      |        |
| <p><i>Daniel Flores</i></p> <p>_____<br/> Daniel Flores</p>  |  |               |  |           |                            |        |        |                                      |        |



ATTACHMENT TO FORM NO. 444 - PERSONAL HISTORY STATEMENT

Section XV - STEPMOTHER

Full name:   
Living: Yes  
Other Names She Has Used: None to my knowledge  
Current Address:  San Marcos, Texas  
Date of Birth:   
Place of Birth: Mexico  
Citizenship: Mexican  
If Born Outside U.S. - Date of Entry: December 8, 1922  
Place of Entry: Unknown  
Former Citizenships: None  
Occupation: Homemaker and Missionary  
Present Employer: Mexican Baptist Church, San Marcos, Texas  
Never served in Military or other Government service to my knowledge.

This paper is attached to and hereby made a part of Form No. 444.

Daniel Flores  
Daniel Flores

CONFIDENTIAL  
(WHEN FILLED IN)

SECURITY APPROVAL

DATE : 19 January 1962

YOUR  
REFERENCE: 07100 OPEER

CASE NO. : 195221

TO : Director of Personnel  
FROM : Director of Security  
SUBJECT : FLORES, Daniel

1. This is to inform you of security approval of the subject person as follows:

☒ Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

☐ Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 180 days, this approval becomes invalid.


3. As part of the entrance on duty processing:

☒ A personal interview in the Office of Security must be arranged.

☐ A personal interview is not necessary.

☐

FOR THE DIRECTOR OF SECURITY:

  
Chief, Personnel Security Division

OFFICE OF PERSONNEL SECURITY

FORM NO 1173 REPLACES FORM 10-101  
(MAY 57) WHICH IS OBSOLETE

CONFIDENTIAL

(10)

*2/1/62  
to K. to each  
see with R.  
AF*